

FILED MAR 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7822

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>	
c. LENGTH OF STAY (in this place) <u>3 Weeks</u>		d. STREET ADDRESS (If rural, give location) <u>103 Morgan St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha Isabelle Childers</u> b. (Middle) _____ c. (Last) <u>Bradshaw</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 3 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 31<sup>st</sup> 1913</u>
9. AGE (In years last birthday) <u>35</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Saline County, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Mason Childers</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Lou Thornton</u>	14. NAME OF HUSBAND OR WIFE <u>Paul Bradshaw</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-07-6133</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Bradshaw 103 Morgan St. Boonville</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardiac decompensation 3 weeks</u> <u>Chronic rheumatic heart disease, mitral stenosis, aortic insufficiency</u> ? 20, years DUE TO (c) <u>Pyelonephritis</u> 2 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pyelonephritis</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Confirms above</u> <u>416X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 20, 1948</u> , to <u>March 2, 1949</u> , that I last saw the deceased alive on <u>March 2, 1949</u> , and that death occurred at <u>5:10 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>N. Nelsmann M.D.</u>		23b. ADDRESS <u>329 Main Boonville Mo</u>	23c. DATE SIGNED <u>3-7-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 5<sup>th</sup> /49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Boonsboro Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Boonsboro, Missouri,</u>
DATE REC'D BY LOCAL REG. <u>Mar 7-49</u>	REGISTRAR'S SIGNATURE <u>De Cooper</u> <u>381</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman &amp; Boller Boonville, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-23-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.