

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40313

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Poplar Bluff)		c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Faith Rest Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.			

3. NAME OF DECEASED (Type or Print) JOHN	a. (First)	b. (Middle)	c. (Last) BRADLEY	4. DATE OF DEATH Dec. 27, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 22, 1843	9. AGE (In years last birthday) 106	IF UNDER 1 YEAR Months 7 Days 5	IF UNDER 4 HRS. Hours 5 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired painter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tishomingo Co., Miss./		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Carroll Bradley	13b. MOTHER'S MAIDEN NAME Eliz. -----	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Confederate Army	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Miss Pearl Bradley, -Poplar Bluff, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Urinary Obstruction		INTERVAL BETWEEN ONSET AND DEATH 2 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Practise Hypertrophy		
	DUE TO (c) Old Age -		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old Age -			

19a. DATE OF OPERATION C	19b. MAJOR FINDINGS OF OPERATION C	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **20 Dec 1949**, to **27 Dec 1949**, that I last saw the deceased alive on **27 Dec 1949**, and that death occurred at **11:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Frank Cotrell MD	(Degree or title)	23b. ADDRESS 321 Cob St. Poplar Bluff, Mo.	23c. DATE SIGNED 31 Dec 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/29/49	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town or county) (State) Poplar Bluff, Mo.
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DATE REC'D BY LOCAL REG. Jan 6/1950	REGISTRAR'S SIGNATURE Wm. H. Johnson	428	25. FUNERAL DIRECTOR'S SIGNATURE FRANK-COTRELL.....	ADDRESS POPLAR BLUFF, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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7

JAN 9 REC'D
150-16
BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

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 _____

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff

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.