

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43954**

FILED FEB 10 1950

BIRTH NO. _____ REG. DIST. NO. **391** PRIMARY REG. DIST. NO. **4505** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY STODDARD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY STODDARD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BELL CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BELL CITY 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) JULIA b. (Middle) _____ c. (Last) BRADSHAW			4. DATE OF DEATH (Month) (Day) (Year) 11-15-1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1	8. DATE OF BIRTH 3-4-1875	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 8 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Williamson Co Ill		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME GREENBERRY CASH	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE W. N. BRADSHAW
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME W. N. Bradshaw ADDRESS Bell City Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epilepsy		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Diabetes		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			334X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		

20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 1949, to **11-15**, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE C. C. Masters (Degree or title)	23b. ADDRESS No. 2 Advance Mo.	23c. DATE SIGNED 11-30-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-16-49	24c. NAME OF CEMETERY OR CREMATORY BELL CITY
		24d. LOCATION (City, town, or county) (State) BELL CITY Mo

DATE REC'D BY LOCAL REG. 2-1-50	REGISTRAR'S SIGNATURE Benjamin Moore	360	25. FUNERAL DIRECTOR'S SIGNATURE Welch Funeral Home ADDRESS Sikeston Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 10 1950

RECEIVED FEB 7 1950
District Health Office No
District File Number 250-9
Date Filed

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston, 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.