

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29342

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 72

0050

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cassville,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>0050</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Evertt</u>	b. (Middle)	c. (Last) <u>Bradford</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-9-1950</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>8-22-1898</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>J. C. (Capp) Bradford</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bradford</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Bradford</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Bradford-Seligman, Mo. R.</u>	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatitis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatoid Arthritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-4 wks</u> <u>5 yrs.</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input 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)	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 8-5, 1950, to 9-9, 1950, that I last saw the deceased alive on 9-8, 1950, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert R. Dudley M.D.</u> (Degree or title)	23b. ADDRESS <u>Moost, Mo.</u>	23c. DATE SIGNED <u>9-20-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-12-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Seligman, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct 2-1950</u>	REGISTRAR'S SIGNATURE <u>Grace Williams</u> <u>10</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. E. Culver</u> ADDRESS <u>Cassville</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED OCT 9 1950

Dist. File 1250-2067
Date Filed 10-9-50

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 *Margaret C. Herbert*
Licensed Embalmer No. *4389*
P. O. Address *Cassville*

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.