

FILED DEC 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 37403BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>	
c. LENGTH OF STAY (in this place) <u>2 years</u>		d. STREET ADDRESS (If rural, give location) <u>1839 S. Maple</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1839 S. Maple</u>		d. STREET ADDRESS (If rural, give location) <u>1839 S. Maple</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank Ernest</u> b. (Middle) <u>Bradley</u> c. (Last) <u>Bradley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 1, 1888</u>
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u>4</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Jasper Co., Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>J.E. Bradley</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Hoofnagle</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> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Bradley, Carthage, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 min -</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary occlusion 8 wks - + 18 mo. ago</u> DUE TO (c) <u>Arteriosclerotic Cardiovascular Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4301</u>	
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) (Min.)	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>January 1948</u> , to <u>December 5, 1950</u> , that I last saw the deceased alive on <u>December 5, 1950</u> , and that death occurred at <u>5:30 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles H. Seale</u>		23b. ADDRESS <u>201 W. 3rd, Carthage, Mo.</u>	23c. DATE SIGNED <u>12/6/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Paradise Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jasper Missouri.</u>
DATE REC'D BY LOCAL REG. <u>12-7-50</u>	REGISTRAR'S SIGNATURE <u>W. B. Clinton, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>ULMER FUNERAL HOME, CARTHAGE, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

10. 300  
0. 48

93

RECEIVED 12-12-50  
Jasper County Health Office  
County File Number 50-12-906  
Date Filed 12-12-50

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 \_\_\_\_\_

working under my personal supervision.

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

Student .....  
Student Embalmer

Signed *John S. Demetree*  
Licensed Embalmer No. 4194  
P. O. Address \_\_\_\_\_

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.