

STANDARD CERTIFICATE OF DEATH

State File No.

NEW JAN 4 1951

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5992 Registrar's No. 13

0860

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

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lincoln Tmp.</u>	c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lincoln Tmp. 0860</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Unionville, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u> <u>Unionville, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarahm</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Bradshaw</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Nov. 27, 1872</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR: Months <u>--</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>home work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Milton G. Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Waggner</u>		14. NAME OF HUSBAND OR WIFE <u>A. 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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Joe Dye, Unionville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>15 1/2 A</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile debility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 May 1, 1950 to Dec 18, 1950, that I last saw the deceased alive on Dec 18, 1950 and that death occurred at 10 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Inscribed title) <u>Charl L. Judd D.O.</u>		23b. ADDRESS <u>Unionville, Mo.</u>		23c. DATE SIGNED <u>Nov 2/1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>Dec 20 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hartford Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Putnam Co. Mo.</u>					

DATE REC'D BY LOCAL REG. <u>12-22-50</u>		REGISTRAR'S SIGNATURE <u>Maxwell Durbin</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>	
		ADDRESS <u>Unionville, Missouri</u>			

Date Received: DEC 27 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-
Date Filed: DEC 28 1950

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.

Signed

Murphy Husted

Signed
Student Embalmer

Licensed Embalmer No. *3304*

P. O. Address *Muswell Ave*

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.