

No. 300
10-48

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 725

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 4180 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campbell, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Freeborn Rural -- Independence Twp.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) c. (Last) <u>Bradshaw</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13, 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married Separated</u>	8. DATE OF BIRTH <u>Not known</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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 <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Not known</u>	13b. MOTHER'S MAIDEN NAME <u>Not known</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Jack Bradshaw</u>	ADDRESS <u>Clarkton, Mo. Rt. 1</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>4/201</u>
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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?
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22. I hereby certify that I attended the deceased from Jan. 13, 1951, to Jan. 13, 1951, that I last saw the deceased alive on Jan. 13, 1951, and that death occurred at 8:45 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>W.D.D. Campbell, M.D.</u>	(Degree or title)	23b. ADDRESS <u>West of Holcomb, Mo.</u>	23c. DATE SIGNED <u>1-23-51</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 15, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lloyd</u>	24d. LOCATION (City, town, or county) (State) <u>West of Holcomb, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/23/51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Beulah Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.A. Orley</u>	ADDRESS <u>Reston, Ark.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT.....1-29-51.....

COUNTY FILE NUMBER 151-24.....

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 Don McBride

Signed.....
Student Embalmer

Licensed Embalmer No. 336

P. O. Address Reister, Ark.

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.