

FILED JAN 29 1951

THE DIVISION OF HEALTH OF THE STATE OF NEVADA  
STANDARD CERTIFICATE OF DEATH

3570

State File No. ....

BIRTH NO. .... REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. II

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Damen</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> <u>1023</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>921 W. Arch</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>921 W. Arch</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Law</u> b. (Middle) <u>Franci</u> c. (Last) <u>Bradley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-13-51</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>May 9, 1868</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u> IF UNDER 24 HRS. Hours <u></u> Mins. <u></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>Seamstress</u>		11. BIRTH PLACE (State or foreign country) <u>Windsor, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Geo. P. Heigden</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>J. H. Bradley</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Bradley - Nevada Mo.</u> ADDRESS <u></u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4553</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) 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 29 Dec, 1947, to Jan 13, 1951, that I last saw the deceased alive on Jan 8, 1951, and that death occurred at 3:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Raymond Bradley</u> (Degree or title) <u>m.w.</u>		23b. ADDRESS <u>Windsor, Nevada Mo.</u>		23c. DATE SIGNED <u>1/15/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-15-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park, Nevada</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edw. J. ...</u>		ADDRESS <u>Nevada, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-19-51</u>		REGISTRAR'S SIGNATURE <u>Rama E. ...</u>			

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

RECEIVED JAN 22 1951

Dist. File 157-184

Date Filed 1-22-51

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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 Mark E. Ehringer

Licensed Embalmer No. 2656

P. O. Address Nevada

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.