

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16947

State File No. ....

FILED MAY 24 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 87

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Prairie	c. LENGTH OF STAY (in this place) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 0485	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital		d. STREET ADDRESS (If rural, give location) 118 E. Short /	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) T	c. (Last) Bradley	4. DATE OF DEATH (Month) (Day) (Year) May 3, 1951
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5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH May 31, 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher	10b. KIND OF BUSINESS OR INDUSTRY meat trade	11. BIRTHPLACE (State or foreign country) Perry, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Bradley	13b. MOTHER'S MAIDEN NAME Julia	14. NAME OF HUSBAND OR WIFE Eva E. Bradley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY (If yes, give war or dates of service) none 495-07-4115	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eva E. Bradley Independence, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		4 MO
	DUE TO (c) Subacute glomerular nephritis		4 MO
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 331X	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) (Minute)	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 1, 1951, to May 3, 1951, that I last saw the deceased alive on May 2, 1951, and that death occurred at 9:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. H. Allen</u> (Degree or title) M.D.	23b. ADDRESS <u>Independence, Mo.</u>	23c. DATE SIGNED <u>May 5, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 5, 1951	24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cem.	24d. LOCATION (City, town, or county) (State) Independence, Mo.
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DATE REC'D BY LOCAL REG. MAY 5, 1951	REGISTRAR'S SIGNATURE <u>Donald C. Eames</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thos. Carlson</u> Independence, Mo.
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MAY 18 RECD

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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 *John D. Heiman*

Licensed Embalmer No. *4704*

P. O. Address *Independence*

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.