

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23301

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 257

485

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Indep</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Indep</u>	
c. LENGTH OF STAY (If this place) <u>1 yr</u>		d. STREET ADDRESS (If rural, give location) <u>1904 Ash</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep San.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Maude</u>	b. (Middle) <u>B</u>	c. (Last) <u>Bradley</u>	<u>July 14 1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr 20 1907</u>	9. AGE (In years last birthday) <u>44</u>	if UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Frank Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Myrtle Williams</u>	14. NAME OF HUSBAND OR WIFE <u>R Earl Bradley</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R Earl Bradley</u> ADDRESS <u>1904 Ash</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adams - Stokes' Syndrome</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocardial fibrosis (patchy)</u> DUE TO (c) <u>Hypertensive heart disease and possible old rheumatic heart disease.</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 <u>415X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Pathologist, 1951, that I last saw the deceased alive on 7-14-51, 1951, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lorraine E. Schultz</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Independence Sanitarium &amp; Hospital</u>	23c. DATE SIGNED <u>7-14-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>17 July 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hill</u>
24d. LOCATION (City, town, or county) (State) <u>Jackson Co. Mo</u>		

DATE REC'D BY LOCAL REG. <u>July 16-1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 354	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Floral Hill Memorial Chapel's</u>
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OCT 23 1952

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed *D Ross Blanford*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4015.....

P. O. Address 3631 Penna.....

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.