

FILED NOV 2 1951
C-UNKNOWN
RN-1054

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32716**

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 458

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SIKESTON <u>1003</u>	
c. LENGTH OF STAY (in this place) 4 DAYS		d. STREET ADDRESS (If rural, give location) 323 EAST GLADYS	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) ROSCOE b. (Middle) (NMI) c. (Last) BRADLEY		4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 11, 1951	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH 1-22-91
9. AGE (In years last birthday) 60		10. KIND OF BUSINESS OR INDUSTRY PAINTING	11. BIRTHPLACE (State or foreign country) BLOOMFIELD, MO.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME OSCAR BRADLEY		13b. MOTHER'S MAIDEN NAME NETTIE POE	
14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS		ADDRESS _____	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LAENNEC'S CIRRHOSIS OF THE LIVER 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		5811	
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 <u>VA</u> OCT. 8 , 19 51 , to OCT. 11 , 19 51 , and that death occurred at 12:00N m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) RALPH V. ELLIS, M.D., Chief, Medicine		23b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	
23c. DATE SIGNED 10-11-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-13-51	24c. NAME OF CEMETERY OR CREMATORY Bloomfield	24d. LOCATION (City, town, or county) (State) Bloomfield, Mo.
DATE REC'D BY LOCAL REG. Oct 22 1951		REGISTRAR'S SIGNATURE Wm. H. Johnson <u>428</u>	
25. FUNERAL DIRECTOR'S SIGNATURE Childs Funeral Home		ADDRESS Bloomfield, Mo.	

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

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RECEIVED

OCT 31 1951

BUTLER CO. HEALTH CENTER

FILE No. 1051-476

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 Wallace R. Knight

Licensed Embalmer No. 7514

P. O. Address 412 7th

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.