

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5608**

DECEASED FEB 18 1952

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>3036</u>		Registrar's No. <u>14</u>			
1. PLACE OF DEATH a. COUNTY Lawrence b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora c. LENGTH OF STAY (in this place) <u>8 days</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monette d. STREET ADDRESS (If rural, give location) 415 West Co.					
3. NAME OF DECEASED (Type or Print) James Franklin Bradbury a. (First) James b. (Middle) Franklin c. (Last) Bradbury			4. DATE OF DEATH Feb. 6 - 1952 (Month) (Day) (Year)						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 12 - 1869			
9. AGE (In years last birthday) 82		# UNDER 1 YEAR Days 1		# UNDER 1 YEAR Hours 24		# UNDER 1 YEAR Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R. R. Employee			10b. KIND OF BUSINESS OR INDUSTRY Rail Road		11. BIRTHPLACE (State or foreign country) Anaconda Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John J. Bradbury			13b. MOTHER'S MAIDEN NAME Martha Prueitt		14. NAME OF HUSBAND OR WIFE Josie M. Brown deceased				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Ruth Hammond ADDRESS 415 w cole					
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.				<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach 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. Senility				INTERVAL BETWEEN ONSET AND DEATH unknown	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION None				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) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X							
22. I hereby certify that I attended the deceased from <u>12-13</u> , 19 <u>51</u> , to <u>Feb 6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Feb 6</u> , 19 <u>52</u> , and that death occurred at <u>3:30</u> p. m., from the causes and on the date stated above.									
23a. SIGNATURE Robert A. Dudley M.D. (Degree or title)				23b. ADDRESS Monette Mo.		23c. DATE SIGNED 2-7-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 8 - 1952		24c. NAME OF CEMETERY OR CREMATORY Munsell Chapel		24d. LOCATION (City, town, or county) (State) Near Eminence, Shannon Co. MO.			
DATE REC'D BY LOCAL REG. Feb 8 - 52		REGISTRAR'S SIGNATURE Ora Mc Natt <u>157</u>		FUNERAL DIRECTOR'S SIGNATURE J.P. Buchanan		ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 4 1959

MAR 16 1959

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 *J. P. Buchanan*

Licensed Embalmer No. *3179*

P. O. Address *Monroeville Pa*

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.