

Dr. E. M. Reynolds

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12476

370
1

FILED APR 21 1952

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4170 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Dekalb			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Dekalb		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star		c. LENGTH OF STAY (In this place) 60 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star 0320		
d. FULL NAME OF HOSPITAL OR INSTITUTION Emma E. Bradley			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) Emma E. Bradley b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Apr. 6, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 2, 1866	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Union Star, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Lewis		13b. MOTHER'S MAIDEN NAME Martha Easley	14. NAME OF HUSBAND OR WIFE William E. Bradley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Neva Bradley			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) starting the underlying cause last. DUE TO (b) Old Age. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3 weeks
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X			20. AUTOPSY? YES <input 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 Jan 1, 1952 to Apr 6, 1952; that I last saw the deceased alive on Apr 5, 1952; and that death occurred at 8:00 A.M. on the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) E. M. Reynolds M.D.		23b. ADDRESS Union Star, Mo.		23c. DATE SIGNED 3-7-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-8-1952	24c. NAME OF CEMETERY OR CREMATORY Union Star	24d. LOCATION (City, town, or county) (State) Union Star, Mo.		
DATE REC'D BY LOCAL REG. 4-10-52	REGISTRAR'S SIGNATURE R. W. Jackson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stanton Mortuary, Atchison, Kan.			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Wm S. Stanton Esq

Licensed Embalmer No. 3778

P. O. Address Atchison, Mo

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.