

STANDARD CERTIFICATE OF DEATH

State File No. **27169**

REC'D AUG 30 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **890**

I. PLACE OF DEATH
 a. COUNTY **Buchanan**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Joseph**
 c. LENGTH OF STAY (In this place) **9 days**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri Methodist Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Iowa**
 b. COUNTY **Taylor**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Bedford** **8140**
 d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
 a. (First) **Eura** b. (Middle) **C.** c. (Last) **Bradley**
 4. DATE (Month) (Day) (Year) **August 14, 1952**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**
 8. DATE OF BIRTH **Feb. 11, 1876** 9. AGE (In years last birthday) **76** IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **farmer** 10b. KIND OF BUSINESS OR INDUSTRY **own farm**
 11. BIRTHPLACE (State or foreign country) **Nodaway County, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Lewis C. Bradley** 13b. MOTHER'S MAIDEN NAME **Margaret T. Ingram** 14. NAME OF HUSBAND OR WIFE **Jessie**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Orton Bradley** ADDRESS **St. Joseph, Mo**

MEDICAL CERTIFICATION
 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage**
 ANTECEDENT CAUSES **Arteriosclerosis and Hypertension**
 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 **Arteriosclerotic Heart Disease**
 Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH **3 days**
Unknown
3 days

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **none** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **home Bedford Iowa**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **home**

22. I hereby certify that I attended the deceased from **7-22**, 19**50**, to **8-14**, 19**52**, that I last saw the deceased alive on **8-14**, 19**52**, and that death occurred at **2:00 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Allen Spelman MD** 23b. ADDRESS **706 Francis St.** 23c. DATE SIGNED **8-15-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **8/14/1952** 24c. NAME OF CEMETERY OR CREMATORY **Bedford** 24d. LOCATION (City, town, or county) (State) **Iowa**

DATE REC'D BY LOCAL REG. **Aug 26, 1952** REGISTRAR'S SIGNATURE **Carl C. Casler** 25. FUNERAL DIRECTOR'S SIGNATURE **Neaton Bowman** ADDRESS **Funeral Home St. Joseph, Mo.**

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

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.....

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th, St Joseph*

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.

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