

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42809

5725 State File No.

FILED JAN 8 1953

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3017 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Macon	
b. CITY OR TOWN Macon Hudson		c. LENGTH OF STAY (in this place) 25 months	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lake View Rest Home		c. CITY (If outside corporate limits, write RURAL and give township) Ethel, 0610 d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Allie	b. (Middle) Mae	c. (Last) Bradley	4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1952
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 26, 1873	9. AGE (In years last birthday) 79	# UNDER 1 YEAR 4	# UNDER 1 MONTH 0	# UNDER 1 MINS. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Goldsberry, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Elisha B. Lile	13b. MOTHER'S MAIDEN NAME Emerine Turner	14. NAME OF HUSBAND OR WIFE Dr. N.W. Bradley, deceased
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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. none	17. INFORMANT'S SIGNATURE OR NAME Arthur Bradley, Ethel, Missouri	ADDRESS Ethel, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH about 3 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Senile Dementia</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis (cerebral)</i> DUE TO (c) <i>Hypertension & obesity.</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		about 3 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Y 334X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7-14-1857, to 12-26-1952, that I last saw the deceased alive on 12-22-1952, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>A. L. Durbin</i>	23b. ADDRESS Macon	23c. DATE SIGNED 12-26-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 27, 1952	24c. NAME OF CEMETERY OR CREMATORY Helton Cemetery	24d. LOCATION (City, town, or county) (State) Goldsberry, Missouri
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DATE REC'D BY LOCAL REG. 12/26/52	REGISTRAR'S SIGNATURE <i>Ruth McNeely</i>	185	25. FUNERAL DIRECTOR'S SIGNATURE <i>Ed Larson</i>	ADDRESS Ethel, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

610
4

RECEIVED

12.52.30

MACON COUNTY HEALTH DEPARTMENT

County File No.

1.53.209-6

Date Filed

1.53.3

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.....

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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.