

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **4846**
 Registrar's No. **208**

FEB 24 1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 38 yrs		d. STREET ADDRESS (If rural, give location) 3114 So. 16th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Metho. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) ROY b. (Middle) L. c. (Last) BRADLEY			4. DATE OF DEATH (Month) (Day) (Year) Feb. 7, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH July 2, 1884		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) Scott, County, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Stationary Eng. School System			10b. KIND OF BUSINESS OR INDUSTRY		

13a. FATHER'S NAME John D. Bradley		13b. MOTHER'S MAIDEN NAME Martha Smith		14. NAME OF HUSBAND OR WIFE Mamie Bradley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 491-09-8763		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy Bradley, St. Joseph, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate with Metastasis to bone,		ANTECEDENT CAUSES		unk.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.		177X			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) _____ 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 **Jan 17, 1953**, to **Feb 7, 1953**, that I last saw the deceased alive on **Feb 7, 1953**, and that death occurred at **3:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. W. Andrews M.D.		23b. ADDRESS 902 Edmund		23c. DATE SIGNED Feb. 13 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 10-53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	

DATE REC'D BY LOCAL REG. Feb. 14, 1953		REGISTRAR'S SIGNATURE Carl C. Castle		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.	
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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 *Raymond W. Marchessault*.....

Licensed Embalmer No. *4413*.....

P. O. Address *Joseph, 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.