

FILED JUL 7 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22352

BIRTH NO. _____		REG. DIST. NO. 270		PRIMARY REG. DIST. NO. 3050		Registrar's No. 56	
1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>			
b. CITY OR TOWN <u>Carrollton</u>		c. LENGTH OF STAY (In this place) <u>2 3/4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and in township) <u>Carrollton</u>		3. HOSPITAL OR INSTITUTION <u>COURT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>402 E 13th St</u>				d. STREET ADDRESS <u>402 E 13th St</u>			
3. NAME OF DECEASED (Type or Print) <u>CHARLEY</u>			a. (First)	b. (Middle)	c. (Last) <u>BRADLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 21 - 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Mar 3 - 1890</u>		9. AGE (In years last birthday) <u>63</u>	if UNDER 1 YEAR Months <u>1</u> Days <u>18</u>	if UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ag labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Janitor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson, Missouri</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Premier Moore</u>		ADDRESS <u>Carrollton, Mo</u>	
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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>did not obtain</u>			
				DUE TO (c) <u>medical care at time</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>of death.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		7955		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)		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, <u>Dr. Beecher</u> , attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Beecher</u>				23b. ADDRESS <u>Carrollton, Mo</u>		23c. DATE SIGNED <u>6/20/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 26, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Bridge</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton, Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 29, 1953</u>		REGISTRAR'S SIGNATURE <u>Bessie B. Neppi</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pa. Foye</u> ADDRESS <u>Carrollton, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

7-218-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUL 6 1953

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 Noel C Dean

Licensed Embalmer No. 3941

P. O. Address Caruthersville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.