

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 29 1953 STANDARD CERTIFICATE OF DEATH

State File No. 309

24021

 BIRTH NO. 3763A REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 309

1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>1 Wk.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon (Rural)</u> <u>0720</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>					
3. NAME OF DECEASED a. (First) <u>Ethel</u>		b. (Middle) <u>Jean</u>	c. (Last) <u>Bradley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>23</u> <u>1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 17, 1953</u>		9. AGE (in years last birthday) <u>0</u> <u>1</u> <u>6</u> IF UNDER 1 YEAR: Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gideon, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Troy C. Bradley</u>		13b. MOTHER'S MAIDEN NAME <u>Ethel M. Pickett</u>		14. NAME OF HUSBAND OR WIFE <u>Child</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Troy C. Bradley Gideon, Missouri</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 <u>Epiglottic Stenosis of Newborn</u>		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			DUE TO (b)		
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5710</u>			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 attended the deceased from <u>7-17, 1953</u> , to <u>7-23, 1953</u> , that I last saw the deceased alive on <u>7-23, 1953</u> , and that death occurred at <u>12:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. M. ...</u>			23b. ADDRESS <u>Poplar Bluff, Mo</u>		23c. DATE SIGNED <u>7-24-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-25-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>		24d. LOCATION (City, town, or county) (State) <u>Near Clarkton, Mo.</u>
DATE REC'D BY LOCAL REG. <u>7/24/53</u>		REGISTRAR'S SIGNATURE <u>R. N. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lloyd M. Russell, Leggett, Ark.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 27 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

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 me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Lloyd M. Russell

Licensed Embalmer No. 509-Ork.

P. O. Address Jiggott Ark.

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.