

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24566

State File No. ....

FILED AUG 12 1953

BIRTH NO. .... REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5544 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <del>#####</del> Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0450	
d. FULL NAME OF HOSPITAL OR INSTITUTION Howard Co. Co Farm		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Ada		c. (Last) Bradley	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) July 31 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 4 1882
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	11. BIRTHPLACE (City and State or Foreign Country) Platt Co. Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? (C)
13a. FATHER'S NAME C. C. Peters		13b. MOTHER'S MAIDEN NAME <del>#####</del> Francis Comstock	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman Sweezer R. F. D. Higbee
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) Bronchial pneumonia INTERVAL BETWEEN ONSET AND DEATH 5 days  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting 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. 491X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) 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 July 26, 1953, to July 31, 1953, that I last saw the deceased alive on July 31, 1953, and that death occurred at 10 A. m., from the causes and on the date stated above.			
23a. SIGNATURE V Robinson		23b. ADDRESS (Degree or title) Higbee, Mo	
23c. DATE SIGNED 8-1-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 2 1953	
24c. NAME OF CEMETERY OR CREMATORY Fairview		24d. LOCATION (City, town, or county) (State) East of Higbee Mo	
DATE REC'D BY LOCAL REG. 8-1-53		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Burton Funeral Home, Higbee Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

*W. H. Trimmont*

Licensed Embalmer No.

*3978*

P. O. Address

*Glasgow 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.