

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35350

State File No. ....

FILED NOV 3 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 73

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>CLAY</u>                                   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> |   |
| b. CITY OR TOWN <u>RURAL GALLATIN</u>  | c. LENGTH OF STAY (in this place) <u>59 YRS</u> | c. CITY OR TOWN <u>KANSAS CITY</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi. W. Jct 169 &amp; 69</u> |   | e. STREET ADDRESS (If rural, give location) <u>1133 Fuller</u>   | <u>3208</u><br><u>1</u>   |

|   |   |
|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>George</u><br>b. (Middle) <u>M.</u><br>c. (Last) <u>BRADFORD</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>OCT 26 1953</u> |
|---|---|

|                    |                               |   |                                      |   |                        |                            |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|----------------------------|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>Oct 21, 1888</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months | IF UNDER 6 HRS. Hours Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|----------------------------|

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President Bradford Electric Co</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cincinnati, Ohio</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
|---|-----------------------------------|--|---|

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|---|--|---|
| 13a. FATHER'S NAME <u>MARTIN BRADFORD</u> | 13b. MOTHER'S MAIDEN NAME <u>ELVIRA HILL</u> | 14. NAME OF HUSBAND OR WIFE <u>DELLA MAE BRADFORD</u> |
|---|--|---|

|   |                                     |  |                            |
|---|-------------------------------------|--|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WW I</u> | 16. SOCIAL SECURITY NO. <u>WW I</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. DELLA MAE BRADFORD</u> | ADDRESS <u>1133 Fuller</u> |
|---|-------------------------------------|--|----------------------------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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 |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed chest &amp; Multiple Fractures</u>   |                             |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Struck by Automobile while pushing another car.</u><br>DUE TO (c) _____ |                             |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | <u>E 812.4</u><br><u>25</u> |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

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|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 69 Cut-off</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clay MO</u> |
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|  |  |                            |
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| 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 \_\_\_\_\_, 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>D. L. Pittman, M.D. Coroner</u> (Degree or title) | 23b. ADDRESS <u>North Kansas City, Mo.</u> | 23c. DATE SIGNED <u>10/27/53</u> |
|---|--|----------------------------------|

|   |                           |  |  |
|---|---------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>10/30/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON</u> | 24d. LOCATION (City, town, or county) (State) <u>K.C. MO</u> |
|---|---------------------------|--|--|

|  |  |  |                         |
|--|--|--|-------------------------|
| DATE REC'D BY LOCAL REG. <u>10/29/53</u> | REGISTRAR'S SIGNATURE <u>Marguerite Ludens</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody McGillivray</u> | ADDRESS <u>K.C. MO.</u> |
|--|--|--|-------------------------|

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

6000

10/21/87  
NOV 25 1958

DEC 18 1958

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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.....  
Signature of Student Embalmer

Signed..... *Shawn H. Hill* .....

Licensed Embalmer No... *458* .....

P. O. Address *K.C. 16.7* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.