

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42026

State File No.

FILED DEC 22 1953

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5037 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural SALT RIVER Twp	c. LENGTH OF STAY (In this place) 6 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural SALT RIVER Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD #5		d. STREET ADDRESS (If rural, give location) RFD #5	

3. NAME OF DECEASED (Type or Print)	a. (First) Clark	b. (Middle) Mote	c. (Last) Bradford	4. DATE OF DEATH (Month) (Day) (Year) Dec 10, 1953
-------------------------------------	-------------------------	-------------------------	---------------------------	---

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 11, 1895	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	--	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Mexico Refracts.	11. BIRTHPLACE (State or foreign country) Knox Co, Missouri	12. CITIZENSHIP OF WHAT COUNTRY? USA
--	---	--	---

13a. FATHER'S NAME John Wm Bradford	13b. MOTHER'S MAIDEN NAME Nancy Cupp	14. NAME OF HUSBAND OR WIFE BESSIE VESTAL BRADFORD
--	---	---

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 NUMBER 505-14-4948	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. C. M. Bradford, RFD Mexico Mo.
--	---	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 hours 4 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 12-10 a.m., 1953, to 12-10 p.m., 1953, that I last saw the deceased alive on 12-10, 1953, and that death occurred at 9:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. G. Swan	23b. ADDRESS 1902 Mexico, Mo.	23c. DATE SIGNED 12-11-53
--	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 13, 1953	24c. NAME OF CEMETERY OR CREMATORY Eastlawn Cemetery	24d. LOCATION (City, town, or county) (State) Audrain Co., Mo.
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. Dec 12 1953	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles Reed Jr Mexico
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

S. No. 300
V. 10.48

2040

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

DEC 28 1959

STATEMENT BY LICENSED EMBALMER

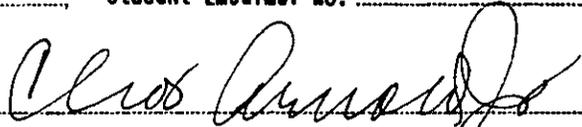
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3569

P. O. Address Missouri

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.