

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **617**

FILED JAN 18 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **4132** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Holt</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Holt</b>	
c. LENGTH OF STAY (in this place) <b>years</b>		d. STREET ADDRESS (If rural, give location) <b>6000 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Emily</b>	b. (Middle) <b>Leona</b>	c. (Last) <b>Bradley</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 11 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Oct 16 1870</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 1 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Housework</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Benjamin Cooper</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy E. Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Joseph M. Bradley</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ethel Bradley</b>	ADDRESS <b>Holt Mo</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Left Hemiplegia</b>	DUE TO (b) <b>Atherosclerosis Hypertension</b>	
	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"/>
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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) <b>Holt Clay Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 8 1954**, to **Jan 11 1954**, that I last saw the deceased alive on **Jan 10 1954**, and that death occurred at **5:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <b>Delus E. Buehler M.D.</b>	23b. ADDRESS <b>Laura Mo</b>	23c. DATE SIGNED <b>1/12/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 13 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Muddy Park</b>	24d. LOCATION (City, town, or county) (State) <b>North 7 Kearney Mo</b>
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DATE REC'D BY LOCAL REG. <b>Jan 14 1954</b>	REGISTRAR'S SIGNATURE <b>Nebel Strahm 495</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Leonard Fry</b>	ADDRESS <b>Kearney Mo</b>
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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 Leonard Fay .....

Licensed Embalmer No. 1677 .....

P. O. Address Kearney 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.