

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25903

State File No.

FILED AUG 2 - 1954

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3021 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived, if different from birthplace, before death) a. STATE <u>MO</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clator</u>		c. CITY OR TOWN <u>Blackburn</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Akeman's Home</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Road 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>Charlotte</u> c. (Last) <u>Bradehoff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-20-1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 11th 1882</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Days <u>8</u> IF UNDER 1 Hrs. <u>9</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Emma Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>George W. Driver</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Kirchhoff</u>		14. NAME OF HUSBAND <u>Louis Bradehoff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harvey A. Bradehoff</u> ADDRESS _____	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atypical Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>2</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gravil Arteriosclerotic Dementia</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>492X</u>		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)		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 7-13 - 1954, to 7-20, 1954, that I last saw the deceased alive on 7-19, 1954, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Miriam O'Warig</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>214 1/2 St. MAZAN</u>		23c. DATE SIGNED <u>7-20-54</u>	
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>7-20-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Peters Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Blackburn, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Jones</u> ADDRESS <u>Clator Mo</u>			
DATE REC'D BY LOCAL REG. <u>7/29/54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Eash C. Metz</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

SEP 27 1958

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 *James E. [Signature]*

Licensed Embalmer No. *3*
P. O. Address *[Signature]*

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.