

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30967**

FILED OCT 4 1954

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Prairie Township	c. LENGTH OF STAY (in this place) 2m 018da	c. CITY (If outside corporate limits, write RURAL and give township) Independence, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital		d. STREET ADDRESS (If rural, give location) Jackson County Home	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Wm. c. (Last) Bradshaw	4. DATE OF DEATH (Month) (Day) (Year) 9 18 54					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8/8/1883	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 1 Days 10	IF UNDER 24 HRS. Hours 10 Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dishwasher (retired)	10b. KIND OF BUSINESS OR INDUSTRY Social Security	11. BIRTHPLACE (State or foreign country) Chrisman, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert S. Bradshaw	13b. MOTHER'S MAIDEN NAME Sarah Bell Strawn	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 499-07-9403	17. INFORMANT'S SIGNATURE OR NAME Records Jackson Co. Hosp	ADDRESS Independence, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular thrombosis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) Arterio Sclerosis		

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) 332 X
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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?
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22. I hereby certify that I attended the deceased from 6/30/1953, to 9/18/1954, that I last saw the deceased alive on 9/18/1954, and that death occurred at 10:08pm from the causes and on the date stated above.

23a. SIGNATURE David Worman	(Degree or title) MD	23b. ADDRESS Jackson County Hospital	23c. DATE SIGNED 9-20-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/20/1954	24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 9-20-54	REGISTRAR'S SIGNATURE W. D. Langford	48 3	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C. L. Forster	ADDRESS Funeral Home K. C. Mo
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(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

Raymond F. Hoeman

Licensed Embalmer No. *4266*

P. O. Address *Kansas City 27*

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.