

FILED APR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8111**

| | | | | | | | |
|---|--|--|---|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>1234</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. LENGTH OF STAY in this place <u>8 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>913 Holmes</u> | | | | • STREET ADDRESS (If rural, give location) <u>913 Holmes</u> <u>3138</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u> | | b. (Middle) <u>Franklin</u> | | c. (Last) <u>Bradbury</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 17, 1955</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | | 8. DATE OF BIRTH <u>Aug. 15, 1891</u> | |
| 9. AGE (In years last birthday) <u>63</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 4 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chiropractor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lile, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>James I. Bradbury</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Ollie Eby</u> | | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>494-12-9207</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ella Mae Hendrickson, Bucyrus, Kans.</u> | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE | | 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 <u>Mar. 9</u> , 19 <u>55</u> , to <u>Mar. 16</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>15th Mar.</u> , 19 <u>55</u> , and that death occurred at <u>3 PM</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Robert M. Myers</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>1025 Neault Bldg</u> | | 23c. DATE SIGNED <u>19 May 55</u> | |
| 24a. BURIAL, CREMATION, (REMOVAL) (Specify) <u>BURIAL</u> | | 24b. DATE <u>3-20-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Glenwild Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Cleveland, Mo.</u> | |
| DATE REC'D BY LOCAL REG <u>3-19-55</u> | | REGISTRAR'S SIGNATURE <u>Gene Marshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. TIGERMAN & SONS - I.C. Mo.</u> | | | |

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.....
Signature of Student Embalmer

Signed *H. L. Roy Mooney*.....

Licensed Embalmer No. 477

P. O. Address K. @, J.

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.