

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11797**
Registrar's No. **1454**

FILED APR 25 1955

BIRTH NO. 22185-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 1454

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>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>5924 EAST 9th</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>5924 EAST 9th</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>BOBBY</u> b. (Middle) <u>BOY</u> c. (Last) <u>BRADBURY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-26-55</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>3-25-55</u>		9. AGE (In years last birthday) <u>8</u> <u>15</u> MONTHS <u>15</u> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY - MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>JACK MARION BRADBURY</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN LAVERNE McCARTNEY</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 war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELLEN LAVERNE BRADBURY</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity (wt. 1 lb.)</u> ANTECEDENT CAUSES DUE TO (b) <u>Late abortions</u> DUE TO (c) <u>Primumvallate placenta</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			INTERVAL BETWEEN ONSET AND DEATH <u>774X</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 3-25-55, 1955, to 3-26-55, 1955, that I last saw the deceased alive on 3-25, 1955, and that death occurred at 5:38A m., from the causes and on the date stated above.

23a. SIGNATURE (Print) <u>Jord J. Lowrey M.D.</u>		23b. ADDRESS <u>906 Grand K.C. Mo.</u>		23c. DATE SIGNED <u>3-27-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>TRINITY LUTHERAN HOSP. LAB.</u>		24b. DATE <u>3-26-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Hosp. K.C. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>4-1-55</u>		REGISTRAR'S SIGNATURE <u>Neval Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Trinity Lutheran Hosp. K.C. Mo.</u>	
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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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.