

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH11800 ✓
State File No. 1369

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>JACKSON</u>		a. STATE <u>MO</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>13 years</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>LAKESIDE HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>3739 MERSINGTON ST</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Harold</u>		b. (Middle) <u>EUGENE</u>		c. (Last) <u>BRADLEY</u>	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>3</u> <u>26</u> <u>55</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>WH</u>		7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MAYTIED</u>		8. DATE OF BIRTH <u>NOV. 10, 1902</u>	
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>14</u>		IF UNDER 24 HRS. Hours <u>4</u> Min. <u>14</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SINCLAIR REFINING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CLEVELAND MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John A. Bradley</u>		13b. MOTHER'S MAIDEN NAME <u>Ida McMillan</u>		14. NAME OF HUSBAND OR WIFE <u>Paula Nadine Bradley</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>486-26-1442</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lela D. Beale 4046 Bales</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>34 days</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u>					
		DUE TO (c) <u>Gastro-Intestinal hemorrhage</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>332+</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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>2-21, 1955</u> , to <u>3-26, 1955</u> , that I last saw the deceased alive on <u>3-26, 1955</u> , and that death occurred at <u>11:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. J. Graham</u>				(Degree or title)		23b. ADDRESS <u>418 Bryant Bldg</u>	
23c. DATE SIGNED <u>3-27-55</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>March 29 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>West Lane, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-27-55</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hicks Funeral Home 2315 Linwood</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 500
10-48

File 6778
2022

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 *Chas E. Wilks*.....

Licensed Embalmer No. *264*

P. O. Address *H. C. M. O.*

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.