

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 158275

FILED MAY 24 1955

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Lake</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Lebanon</u>)		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY OR TOWN <u>Waukegan</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>Wallace Hospital</u>				No. STREET ADDRESS (If rural, give location) <u>25 N. Chapel</u> 8108			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bion</u> b. (Middle) <u>Edward</u> c. (Last) <u>Bradburg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 13, 1955</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>April 14, 1902</u>		9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done in the course of regular life, even if retired) <u>Die Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tool.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Waukegan, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Samuel H. Bradburg</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie A. (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Ester Bradburg</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>334-01-3306</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ester Bradburg, Waukegan, Ill.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Hypertensive heart disease</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/3 X</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) (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>5-12-1955</u> to <u>5-13-1955</u> , that I last saw the deceased alive on <u>5-13-1955</u> and that death occurred at <u>5:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. B. Hurst, M.D.</u>				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>5-14-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-17-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Waukegan, Ill.</u>		
DATE REC'D BY LOCAL REG. <u>5-14-1955</u>		REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. R. Palmer</u>		ADDRESS <u>Lebanon, Mo.</u>	

(Licensed Emballer's Statement on Reverse Side)

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

1956 JUN 3

JUN 3 0 1956

Received 5-21-53

Laclede County Health

File No. 80

Date Filed 5-23-53

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 Stanley R. Palmer

Licensed Embalmer No. 481

P. O. Address Lebanon

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.