

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22038

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2911

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|--|--|--|--|--|--|
| 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) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) 27 yrs. | | STREET ADDRESS (If rural, give location) 34 2611 Lawn | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2611 Lawn | | | | | |

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|--|--|-------------|--------------------------------------|-----------|--|
| 3. NAME OF DECEASED (Type or Print) Andy Bradley | | | 4. DATE OF DEATH July 7, 1955 | | |
| a. (First) | | b. (Middle) | | c. (Last) | |

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|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|-------|------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Mar. 6, 1883 | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|-------|------|

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|---|--|--|--|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Chevrolet Plant | | 11. BIRTHPLACE (City and State or Foreign Country) Moberly, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. | |
|---|--|--|--|---|--|---|--|

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|-----------------------------------|--|--|--|--|--|--|--|
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Ethel Bradley | | | |
|-----------------------------------|--|--|--|--|--|--|--|

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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. 487-09-4217 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ethel Bradley 2611 Lawn | | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease | | DUE TO (b) _____ | | | | _____ | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) _____ | | | | _____ | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | _____ | | | | 4250 | |

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|------------------------|--|----------------------------------|--|--|--|---|--|
| 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 (Specify) Natural | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
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|--|--|--|--|----------------------------|--|
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|--|--|------------------------------------|--|--------------------------------|--|
| 23a. SIGNATURE Hugh H. Owens, Coroner | | 23b. ADDRESS 1034 Rio Vista | | 23c. DATE SIGNED 7-9-55 | |
|--|--|------------------------------------|--|--------------------------------|--|

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|---|--|--------------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7/11/55 | | 24c. NAME OF CEMETERY OR CREMATORY Brookings Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | |
|---|--|--------------------------|--|--|--|--|--|

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| DATE-REC'D BY LOCAL REG. 7-9-55 | | REGISTRAR'S SIGNATURE Neva Minshall | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earp & Sons 4139 Truman Rd. K.C. Mo. | | | |
|--|--|--|--|--|--|--|--|

(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.....
Signature of Student Embalmer

Signed..... *William H. Eason*

Licensed Embalmer No. *472*

P. O. Address... *K.C.M.*

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.