

FILED AUG 29 1955

STANDARD CERTIFICATE OF DEATH

State File No. 25796

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 7233A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (in this place) <u>7 Mo.</u>	c. CITY OR TOWN <u>Springfield</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>St. Johns Hospital</u>		e. STREET ADDRESS (If rural give location) <u>2605 E. Ave. 03960</u>	

3. NAME OF DECEASED (Type or Print) <u>Hazel Frances Bradley</u>	a. (First) <u>Hazel</u>	b. (Middle) <u>Frances</u>	c. (Last) <u>Bradley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 17 1955</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 23 1926</u>	9. AGE (in years last birthday) <u>29</u>	10. UNDER 1 YEAR	11. UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Calhoun Co Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Ray Burrell</u>	13b. MOTHER'S MAIDEN NAME <u>Anna M. Bride</u>	14. NAME OF HUSBAND OR WIFE <u>Beryl Bradley</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Beryl Bradley</u>	17. ADDRESS <u>2605 E. Ave Springfield Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Convulsions of unknown - type undetermined</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 mo</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>196X</u>		

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 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 12-13 1953, to 8-17 1955, that I last saw the deceased alive on Aug 17 1955, and that death occurred at 9:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Williams M.D. Springfield</u>	23b. ADDRESS	23c. DATE SIGNED <u>8-24-55</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 21 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harrisonville Cemetery Harrisonville Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>
DATE REC'D BY LOCAL REG. <u>8-23-55</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Green & Blue</u>	ADDRESS <u>Balwan 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 *Obey Jester*.....
Licensed Embalmer No. *411*.....
P. O. Address *Bolton*.....

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.