

FILED SEP 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30026

State File No.

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5597 Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centerview, Twp.
c. LENGTH OF STAY (in this place) 30 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION Route #2, Centerview, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Centerview,
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) Route #2, Centerview, Mo

3. NAME OF DECEASED
a. (First) IRA b. (Middle) CLARK c. (Last) BRADSHAW
4. DATE OF DEATH Aug 21, 1955 (Month) (Day) (Year)

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH March 15, 1890 9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months 5 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY own farm 11. BIRTHPLACE (City and State or Foreign Country) Henry County, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Eli Bradshaw 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Annie Cora Bradshaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXXX 16. SOCIAL SECURITY NO. 493-12-0715 17. INFORMANT'S SIGNATURE OR NAME Annie Cora Bradshaw, Centerview, Mo ADDRESS _____

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 1 hr
2 yr

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Aug 10, 1955, to Aug 21, 1955, that I last saw the deceased alive on Aug 14, 1955; and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Annie Cora Bradshaw 23b. ADDRESS Waverly, Mo. 23c. DATE SIGNED 8-22-55

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE Aug 24, 1955 24c. NAME OF CEMETERY OR CREMATORY Pisgah Cemetery 24d. LOCATION (City, town, or county) (State) Magnolia, Missouri

DATE REC'D BY LOCAL REG. Aug 23, 1955 REGISTRAR'S SIGNATURE Savannah Rutherford 25. FUNERAL DIRECTOR'S SIGNATURE Holden, Missouri. ADDRESS Canaday & Bopp Funeral Home

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

510

RECEIVED
AUG 30 1955
JOHNSON COUNTY HEALTH DEPT.

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.....
W. J. Canady

Licensed Embalmer No..... 3434

P. O. Address Holden, Miss.

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.