

FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36226

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5227		Registrar's No. 167	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Runkle Creek Twp</u>		c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		c. CITY OR TOWN <u>Kansas City</u>		d. If residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1/2 mi N of 71 + 21 By Pass</u>				e. STREET ADDRESS (If rural, give location) <u>2002 1/2 Indiana 3334</u>			
3. NAME OF DECEASED a. (First) <u>BENJAMIN FRANKLIN</u>			b. (Middle)	c. (Last) <u>BRADLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 6 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>July 16, 1897</u>		9. AGE (In years last birthday) <u>58</u> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during year of work, life, and if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Gardiner, Missouri</u>	
<u>Contractor - work self employed</u>				<u>Employed</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Issac Bradley</u>			13b. MOTHER'S MAIDEN NAME <u>Lavonia Swafford</u>		13c. NAME OF HUSBAND OR WIFE <u>Carroll 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>332-03-4659</u>		17. INFORMANT'S SIGNATURE OR NAMED ADDRESS <u>Carroll Bradley 2092 1/2 Indiana Kansas City Mo</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
		ANTECEDENT CAUSES Morbid 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>4201</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)		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 <u>10:15A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Herard Janku (Clerk)</u> (Degree or title)				23b. ADDRESS <u>Pleasant Hill, Mo</u>		23c. DATE SIGNED <u>12/6/55</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>Dec 9, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>		
DATE REC'D BY LOCAL REG- <u>Dec 9, 1955</u>		REGISTRAR'S SIGNATURE <u>Nora Baruar 4570</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Benjamin Foyes Harrisonville Mo</u>			

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

EG 18 1955

RECEIVED
DEC 12 1955
CLATSOP COUNTY
HEALTH DEPARTMENT

MENT & 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..... Ernest R. [Signature]

Licensed Embalmer No. 33

P. O. Address Harrison

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.