

FILED FEB 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2117

State File No.

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 4353 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gideon</u>		c. LENGTH OF STAY (in this place) <u>5 Years</u>		c. CITY OR TOWN <u>Gideon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oleva</u>			b. (Middle) <u>Mae</u>		c. (Last) <u>Bradley</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		8. DATE OF BIRTH <u>4-23-1910</u>	
13a. FATHER'S NAME <u>Charley Westerman</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Bruce</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 22 1956</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>NO.</u>		9. AGE (In years last birthday) <u>45</u> If UNDER 1 YEAR Months Days If UNDER 2 HRS. Hours Min.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous</u>		
			INTERVAL BETWEEN ONSET AND DEATH <u>2-19-56</u> <u>10-1-22-56</u>		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
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>2-19-56</u> to <u>1-22-56</u> , that I last saw the deceased alive on <u>4-19-56</u> , 19 <u>56</u> , and that death occurred at <u>4:00 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>F. D. Hopkins, MD</u>			23b. ADDRESS <u>GIDEON, MO</u>		23c. DATE SIGNED <u>1-23-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-24-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>	
24d. LOCATION (City, town, or county) (State) <u>Near Clarkton Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell Piggott, Ark</u>			
DATE REC'D BY LOCAL REG. <u>1-26-56</u>		REGISTRAR'S SIGNATURE <u>Mrs F D Hopkins</u>		ADDRESS <u>456 -</u>	

(Licensee Embalmer's Statement on Reverse Side)

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

300
48

DATE RECEIVED JAN 30 1955
NEW MADRID CO. HEALTH CENTER

W. I. P. J. S.

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 Lloyd Russell
Licensed Embalmer No. 509

P. O. Address Priggett, W. Va.

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.