

FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4166**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>	
c. LENGTH OF STAY (In this place) <b>2 Weeks</b>		d. STREET ADDRESS (If rural, give location) <b>115 S. Bedford St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>DRUSILLA BREDLEY</b>			4. DATE OF DEATH <b>March 6 1956</b>		
a. (First)		b. (Middle)	c. (Last)		d. (Year)

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 16, 1887</b>		
9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR	IF UNDER 12 HRS.	IF UNDER 1 MIN.	IF UNDER 1 MIN.	IF UNDER 1 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <b>Higbee, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Edgar Bradley</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. White</b>		14. NAME OF HUSBAND OR WIFE <b>Edgar Bradley</b>	
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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)		16. SOCIAL SECURITY NO. <b>2</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Tom George</b>		ADDRESS <b>Moberly</b>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY EMBOLISM</b>		DUE TO (b) <b>PHLEBOTROMBOSIS</b>				<b>10 MIN.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>BREAST CARCINOMATOSIS</b>				<b>2 YEARS</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>170 X</b>				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)	
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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?	
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22. I hereby certify that I attended the deceased from **10-17**, 19**55**, to **3-8**, 19**56**, that I last saw the deceased alive on **3-8**, 19**56**, and that death occurred at **11:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C. H. Koon, M.D.</b> (Degree or title)		23b. ADDRESS <b>503 E. High; Jefferson City, Mo.</b>		23c. DATE SIGNED <b>3-8-56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-10-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Moberly Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>8 March 1956</b>		REGISTRAR'S SIGNATURE <b>R.P. Davis MD-MR.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Cater Funeral Home</b>		ADDRESS <b>Moberly Mo.</b>	
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**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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Jerry R. Carter*

Licensed Embalmer No. *4906*

P. O. Address *Mobily, Ms*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.