

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8515**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **87**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) two wks		e. STREET ADDRESS (If rural, give location) 1134 E. High Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD	b. (Middle) BELL	c. (Last) BRADFORD	4. DATE OF DEATH (Month) (Day) (Year) March 15th '56
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 19 1882
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR 5 Days	IF UNDER 24 HRS. 26 Hours - Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Manufacturing	11. BIRTHPLACE (City and State or Foreign Country) Linn, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME John Wm. Bradford	13b. MOTHER'S MAIDEN NAME Julia Ann Vincent	14. NAME OF HUSBAND OR WIFE Felice Fisher Bradford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 500-16-8140	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ed. B. Bradford Jeff City Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Heart Disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Heart Disease			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **1-9-1956** to **3-15-56** that I last saw the deceased alive on **3-15-56** and that death occurred at **5 P** m., from the causes and on the date stated above.

23a. SIGNATURE J. B. Brice MD	(Degree or title)	23b. ADDRESS 344 Madison Jefferson City MO	23c. DATE SIGNED 3-17-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 19th '56	24c. NAME OF CEMETERY OR CREMATORY Longview Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City Missouri

DATE REC'D BY LOCAL REG. 20 Mar '56	REGISTRAR'S SIGNATURE R.P. Davis MD MR	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tanner Funeral Home
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2000

18-0

FEB 13 1957

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.....
Donald P. Freeman
Licensed Embalmer No.....4623

P. O. Address Jefferson City,
Missouri

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.