

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24164

State File No.

FILED AUG 10 1956

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>163</u>	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (in this place) 6 weeks		c. CITY OR TOWN Carthage		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital				e. STREET ADDRESS (If rural, give location) Route 1 0490			
3. NAME OF DECEASED (Type or Print) ANNIE BRADBURY			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH July 31, 1956 (Month) (Day) (Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH October 23, 1883	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife			10b. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (City and State or Foreign Country) Coohill, Co Cavan, Ireland		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Edward Whitfield			13b. MOTHER'S MAIDEN NAME Mary Ann Irwin			14. NAME OF HUSBAND OR WIFE Walter H. Bradbury	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. H. H. Martin Rt 1 Golden City, Mo		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 6 weeks
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension					4 or more yrs.
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation 2 yrs.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X					20. AUTOPSY? YES <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>11-19-1956</u> , to <u>7-31-1956</u> , that I last saw the deceased alive on <u>7-30-1956</u> , and that death occurred at <u>1:30 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Shover Patters				23b. ADDRESS M. D. 5766 Main Carthage, Mo.		23c. DATE SIGNED 7-31-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 2, 1956		24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery		24d. LOCATION (City, town, or county) (State) Jasper County, Missouri	
DATE REC'D BY LOCAL REG. 8-1-56		REGISTRAR'S SIGNATURE Lucille E. Strait, Deputy			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KNELL MORTUARY Carthage, Missouri		

(Licensed Embalmer's Statement on Reverse Side)

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

1390

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..... Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.