

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16508

STATE FILE NUMBER

FILED MAY 27 1957

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 44

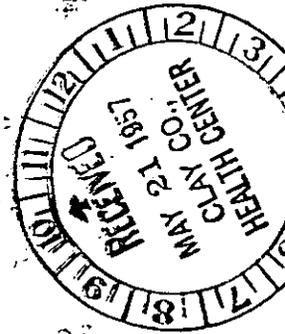
1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Smithville, Mo. TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR Platte City, Mo. TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Smithville Community, Hosp. INSTITUTION		Length of stay in lb 2 Days	d. STREET ADDRESS (If outside, give location) Fair Township
3. NAME OF DECEASED (Type or print) Sinnett Bradley			4. DATE OF DEATH Month May Day 14 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 25, 1904
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Ill.
12. CITIZEN OF WHAT COUNTRY? U. S. Aa.		13. FATHER'S NAME Marion C. Bradley	
14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II	
16. SOCIAL SECURITY NO. 498-32-8117		17. INFORMANT Viola Bradley Platte City, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain tumor, type unknown</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 237X			INTERVAL BETWEEN ONSET AND DEATH 1 year
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>5-12-1957 to 5-14-1957</u> and last saw ^{her} him alive on <u>5-14-1957</u> . Death occurred at <u>7:25</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Albert C. Cuddy M.D.</u> (Degree or title)		22b. ADDRESS <u>SMITHVILLE MO</u>	
22c. DATE SIGNED <u>5-15-1957</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE May 14, 1957		23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cemetery	
23d. LOCATION (City, town, or county) Platte County Mo.		(State)	
24. FUNERAL DIRECTOR Rollins & Mitchell		25. DATE RECD. BY LOCAL REG. 5-15-57	
ADDRESS Platte City,		26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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
Signature of Student Embalmer

Signed *Roland M. Geffer*

Licensed Embalmer No. *47*

P. O. Address *Patte City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.