Health, Welfare & Public Service

FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38432

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2277

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Inside Limits Yes ☑ No ☐	c. CITY OR TOWN DeSoto 0502 — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis Co. — Length of stay in 1b 53 MINS	d. STREET ADDRESS (If outside, give location) 1022 So. MAIN — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Rosa Middle Mae Last Bradford		4. DATE OF DEATH Month 9 Day 12 Year 1957	
5. SEX F	6. COLOR OR RACE W	7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH July 6-1893
9. AGE (In years last birthday) 64	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Vineland, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Stroup		14. MOTHER'S MAIDEN NAME Emma Clemens	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Tom Bradford — Address DeSoto Mo	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Irreversible Shock due to blood loss and intra abdominal injury

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Natural compound fracture

DUE TO (c) femur

INTERVAL BETWEEN ONSET AND DEATH: 2 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Direct Result of auto accident trauma 2

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒ — Open Verdict

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Passenger in auto involved in a collision

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year Sept. 12-57

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street/Hi-Way

20f. CITY, TOWN, OR LOCATION Rural · COUNTY St. Louis Co. 400 STATE Mo.

21. I attended the deceased from 9-12-1957, to 9-12-1957 and last saw her/him alive on 9-12-1957. Death occurred at 8 20 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jack L. Hagadorn, M.D.	22b. ADDRESS 601 S. Brentwood Blvd.	22c. DATE SIGNED 9/13/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-16-57	23c. NAME OF CEMETERY OR CREMATORY City
23d. LOCATION (City, town, or county) DeSoto (State) Mo		
24. FUNERAL DIRECTOR J. Lee Mothershead — ADDRESS DeSoto Mo.	25. DATE RECD. BY LOCAL REG. 9-14-57	26. REGISTRAR'S SIGNATURE Herbert R. Domke Md

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DEC 9 1957

MAR 6 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Andrew H. Englan

Licensed Embalmer No. 47

P. O. Address De Soto,

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