

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020620
State File No.

FILED JUN 13 1958

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6118 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL		c. CITY (If outside corporate limits, write RURAL and give township) RURAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. F. D. #1 PAINTON		d. STREET ADDRESS (If rural, give location) R. F. D. #1 PAINTON	
3. NAME OF DECEASED (Type or Print) a. (First) FLORENTINE		c. (Last) BRADSHAW	
5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOV. 15 1880	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		9b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME ROBERT B. BRADSHAW		13b. MOTHER'S MAIDEN NAME MARTHA KERNS	
14. NAME OF HUSBAND OR WIFE BESSIE BRADSHAW		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME BESSIE BRADSHAW PAINTON, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) I do not know DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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) 4201 (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 May 16 , 19 58 to May 16 , 19 58 , that I last saw the deceased alive on May 16 , 19 58 and that death occurred at 5:00 P. M. , from the causes and on the date stated above.	
23a. SIGNATURE Wm. Sawant no delta mo (Degree or title)		23b. ADDRESS Delta mo	
23c. DATE SIGNED May 23-58		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE MAY 19 1958		24c. NAME OF CEMETERY OR CREMATORY WILLIAMS MEMORIAL PERKINS	
24d. LOCATION (City, town, or county) (State) ORAN, MO.		25. FUNERAL DIRECTOR'S SIGNATURE Ed Smith ADDRESS ORAN, MO.	
DATE REC'D BY LOCAL REG. 6-3-58		REGISTRAR'S SIGNATURE Mustel B. ...	

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

DATE RECEIVED 6-9-58

SCOTT CO. HEALTH DEPT.

GC. FILE No. 658-134

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Earl J. Smith

Signed
Student Embalmer

Licensed Embalmer No. 3676

P. O. Address Quincy, Mo.

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