THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002309
STATE FILE NUMBER

FILED JAN 21 1959 Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pemiscot
c. CITY OR TOWN Caruthersville — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS 510 E 18th (If outside, give location) — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First Willie Middle Mae Last Bradley
4. DATE OF DEATH: Month 1 Day 5 Year 59
5. SEX Female
6. COLOR OR RACE Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH June 14, 1914
9. AGE (In years last birthday) 44 — IF UNDER 1 YEAR: Months 6 Days 21 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Hickory Ridge, Ark
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mack Cole
14. MOTHER'S MAIDEN NAME Ellen Boggins
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.
17. INFORMANT Paul Bradley. Address 510 E 18. Caruthersville Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause for I(a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive Cerebral Hemorrhage — 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/4/59, to 1/5/59 and last saw her alive on 1/5/59
Death occurred at 24 m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) [signature]
22b. ADDRESS Caruthersville, Mo
22c. DATE SIGNED 1/7/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Jan 11. 1959
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) Armoral (State) Ark.
24. FUNERAL DIRECTOR T. J. Smith ADDRESS Hayti Mo
25. DATE RECD. BY LOCAL REG. Jan. 8-1959
26. REGISTRAR'S SIGNATURE Fessie R. Wilkes

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JAN 19 1959

COURTHOUSE
CARUTHERSVILLE, MO.
PHONE 79

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 ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No. ..

P. O. Address ..

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.