

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016757
State File No.

FILED JUN 3 1959

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

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>4049</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia</u>		c. LENGTH OF STAY (In this place) <u>4 mos.</u>		c. CITY OR TOWN <u>Columbia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Campbell Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>1514 Paris Rd.</u> <u>0105</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amelia</u>		b. (Middle)		c. (Last) <u>Bradley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 27, 1959</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>Dec 26, 1868</u>	
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>1</u>		IF UNDER 24 HRS. Hours <u>1</u> Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone, North Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Garrison Chapman</u>		13b. MOTHER'S MAIDEN NAME <u>Mrs. Roberti</u>		14. NAME OF HUSBAND OR WIFE (If deceased) <u>David B. Bradley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Jensen Columbia, Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gangrene of feet</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>1 year</u> <u>1 week</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4 May</u> , 19 <u>59</u> , to <u>27 May</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>27 May</u> , 19 <u>59</u> , and that death occurred at <u>8:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. Lachance, M.D.</u> (Degree or title)				23b. ADDRESS <u>Centralia, Missouri</u>		23c. DATE SIGNED <u>5-28-59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5/29/1959</u>		24c. NAME OF CEMETERY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 28-1959</u>		REGISTRAR'S SIGNATURE <u>Maud M. Bridgman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Home, Columbia, Mo.</u>			

SEP 9 1959

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.....
George J. [Signature]

Licensed Embalmer No. 4425

P. O. Address Columbia

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.