

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002396

FILED VS FEB 1 1960

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 10 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Beford Twp.</u>		Length of stay in 1b <u>10 min.</u>	c. CITY OR TOWN <u>Troy</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hiway #61 5mi. N.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Troy, Mo.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Marshall</u> Middle <u>None</u> Last <u>Bradshaw</u>			4. DATE OF DEATH Month <u>January</u> Day <u>21</u> Year <u>1960</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/20/1912</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Car Salvage</u>	9. AGE (last birthday) <u>47</u> IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>Lincoln Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Richard Bradshaw</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Wommack</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>488-12-0626</u>	17. INFORMANT Address <u>Oliver Bradshaw, Troy, Missouri.</u>
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>Fractured Skull, Chrushed Chest, Shock.</u> DUE TO (b) <u>Automobile Traumatism.</u> DUE TO (c) <u>Coroner's Jury Verdict</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Subject' Car was struck by another, Head-on</u>
20c. TIME OF INJURY Hour <u>4:22</u> Minute <u>X26X</u> p.m. Month, Day, Year <u>1/21/60</u>		on <u>Hiway #61 5 mi. North of Troy, Mo.</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway #61</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Troy Lincoln Missouri.</u>
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at <u>4:22</u> P.m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Joseph D. Marsh CORONER</u>		22b. ADDRESS <u>351 Monroe St. Troy, Mo.</u>	22c. DATE SIGNED <u>1/25/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/24/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bradshaw Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Lincoln Co., Missouri.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Kemper-Marsh Funeral Home, Troy, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-26-1960</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 16 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Joseph J. Marsh Jr., Student Embalmer No. 593

working under my personal supervision.

Student Joseph J. Marsh Jr.
Signature of Student Embalmer

Signed

Joseph J. Marsh Jr.
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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