

**R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS MAY 16 1960**

**-60-015170**

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2456

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>	Length of stay in 1b yrs. <b>-8 DAYS 15</b>	c. CITY OR TOWN <b>KANSAS CITY</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>K.C. TUBERCULOSIS HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>3600 E. 12TH. ST.</b>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>AMY</b> Middle <b>BRADLEY</b> Last <b>BRADLEY</b>			4. DATE OF DEATH Month <b>5</b> - Day <b>1</b> - Year <b>1960</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>10-29-1905</b>	9. AGE (last birthday) <b>54</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>West Virginia</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>	
13a. FATHER'S NAME <b>Gilbert Newsome</b>		13b. MOTHER'S MAIDEN NAME <b>Virginia Belle Baker</b>		14. NAME OF HUSBAND OR WIFE <b>Elmer Bradley</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Ray Newsome</b>	Address <b>Richmond, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARDIAC DECOMPENSATION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 DAYS</b>
DUE TO (b) <b>COR PULMONALE</b>		
DUE TO (c) <b>PULMONARY TUBERCULOSIS</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Richmond, Mo</b>	COUNTY <b>Richmond</b>	STATE <b>Mo</b>
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21. I attended the deceased from **APRIL 23 - 1960** to **MAY 1 - 1960** and last saw her/him alive on **MAY 1 - 1960**  
Death occurred at **9:55 P.m** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Edward P. Altman M.D.</b>	(Deceased or title)	22b. ADDRESS <b>K.C. T. B. HOSPITAL</b>	22c. DATE SIGNED <b>5-2-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>5-2-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memory - Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>Richmond, Mo</b>
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24. FUNERAL DIRECTOR <b>Tom Carter</b>	ADDRESS <b>Richmond, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>5-4-60</b>	26. REGISTRAR'S SIGNATURE <b>neva minshall</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF EDWARD P. ALTMAN, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John R. [Signature]

Licensed Embalmer No. 453

P. O. Address Kansas

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.