

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025794

FILED VS AUG 1 1960 38

Primary Registration District No. 3006 Registrar's No. 420

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Howard	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 3yrs	c. CITY OR TOWN Armstrong Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Rector Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last DAVID WHITE BRADSHER			4. DATE OF DEATH Month Day Year July 24, 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/10/74	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker		10b. KIND OF BUSINESS OR INDUSTRY Bank	11. BIRTHPLACE (City and state or country) Randolph Co. Mo		12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME John Oliver Bradsher		13b. MOTHER'S MAIDEN NAME Nancy White		14. NAME OF HUSBAND OR WIFE Edna Earl Markland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT Address William Oliver Bradsher Columbia, Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral thromboses, multiple			2 wks
DUE TO (b) Hypertensive and Arteriosclerotic Cardio-			
DUE TO (c) vascular Disease			2 years
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 a.m. 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	COUNTY STATE

21. I attended the deceased from **10-27-58** to **7-24-60** and last saw her ^{her} alive on **7-24-60**
Death occurred at **12:10** **P**m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John E. Trisler MD		22b. ADDRESS 16 So Tenth Columbia		22c. DATE SIGNED 7-25-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/24/60	23c. NAME OF CEMETERY OR CREMATORY Old Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Armstrong, Missouri	

24. FUNERAL DIRECTOR Ralph A. Carr ADDRESS Fayette, Mo		25. DATE RECD. BY LOCAL REG. July 25 1960	26. REGISTRAR'S SIGNATURE Mrs R E Palmer
--	--	---	--

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

