

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004873

STATE FILE NUMBER

AMENDED

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 19

FILED VS MAR 8 1961

1. PLACE OF DEATH
 a. COUNTY Clinton
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron Length of stay in 1b 2 Yr.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Rest Home Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Caldwell
 c. CITY OR TOWN Kidder Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) R.F.D. Kidder Mo. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Drucilla Jane Bradley Feb. 22 61

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-26-1875 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) House Wife 10b. KIND OF BUSINESS OR INDUSTRY Same 11. BIRTHPLACE (City and state or country) Caldwell Co Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Geo Raley 13b. MOTHER'S MAIDEN NAME Elizebeth Bethal 14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Mrs. Gallids Shackelford, Cameron Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH Immediately
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

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. Yes No Unknown

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 Month, Day, Year a.m. p.m.

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 April 3-1949 to Feb 22-1961 and last saw her alive on Feb 22-1961 Death occurred at 5:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. J. Kunes MD 22b. ADDRESS Cameron Mo 22c. DATE SIGNED 2/28-61 (State)

23a. BURIAL, CREMATION, or other disposition (specify) Burial 23b. DATE "2" 25 "61" 23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery 23d. LOCATION (City, town, or county) Hamilton Mo.

24. FUNERAL DIRECTOR ADDRESS Poland Funeral Home Cameron Mo. 25. DATE RECD. BY LOCAL REG. March 1 1961 26. REGISTRAR'S SIGNATURE Francis Shackelford

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 8 1961

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 Robert F. Poland

Licensed Embalmer No. 4777
222 West 3rd St
P. O. Address Cameron, Mo

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.