

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-000004

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 11

FILED JAN 21 1963

VS 300
Rev. 4/59

10017

20610

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1286-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville</u>		Length of stay in 1b	c. CITY OR TOWN <u>Ethel</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Nursing Home #2</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Ethel</u>
3. NAME OF DECEASED (Type or print) First <u>Edwin</u> Middle <u>Bradley</u> Last <u>Bradley</u>		4. DATE OF DEATH Month <u>January</u> Day <u>13</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 18 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>83</u>
13a. FATHER'S NAME <u>Robert F. Bradley</u>		11. BIRTHPLACE (City and state or country) <u>Macon County Missouri U. S. A.</u>	
13b. MOTHER'S MAIDEN NAME <u>Adeline Greenstreet</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>		16. SOCIAL SECURITY NO. <u>2</u>	
17. INFORMANT <u>Harold Bradley Ethel Mo</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Overwhelming toxemia</u> DUE TO (b) <u>Cerebral Artery Thrombosis</u> DUE TO (c) <u>Cerebral Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>days</u> <u>weeks</u> <u>years</u>	
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 checked="" 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 <u>2:00</u> a.m. <u>pm.</u> 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 <u>July 1961</u> to <u>January 13, 1963</u> and last saw ^{her} him alive on <u>January 13, 1963</u> . Death occurred at <u>2:00 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>1-13-63</u>	
22a. SIGNATURE (Degree or title) <u>George H. Scheurer D.O.</u>		22b. ADDRESS <u>Kirkville</u>	
23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan 15 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Helton</u>	23d. LOCATION (City, town, or county) (State) <u>Macon County Missouri,</u>
24. FUNERAL DIRECTOR <u>Mr. Mrs. Colman</u>		25. DATE RECD. BY LOCAL REG. <u>1-16-1963</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>
ADDRESS <u>South Gifford Mo</u>			

USE BLACK INK OR TYPEWRITER RIBBON

MAY 29 1963

GEORGE H. SCHWENKER D.D.

Permit renewed Jan 13, 1963
11:30 a.m.

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 W. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford, 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.