

FILED MAY 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19016**

BIRTH NO. _____ REG. DIST. NO. 320 PRIMARY REG. DIST. NO. 6081 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Ste. Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ste. Genevieve	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington R.R. 2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington R. R. 2 0953	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Leona I.	b. (Middle)	c. (Last) Bradley	4. DATE OF DEATH (Month) (Day) (Year) May 9, 1950
-------------------------------------	----------------------------	-------------	--------------------------	--

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH December 3, 1887	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Days 5	IF UNDER 12 HRS. Hours 6	IF UNDER 1 MIN. Min.
----------------------	-------------------------------	---	--	---	-------------------------------	---------------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) care of home	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) 0	12. CITIZEN OF WHAT COUNTRY? U.S.
---	---	--	--

13a. FATHER'S NAME Henry C. Ziegler	13b. MOTHER'S MAIDEN NAME Josephine Verst	14. NAME OF HUSBAND OR WIFE Joe L. Bradley
--	--	---

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. none	17. INFORMANT'S SIGNATURE OR NAME John Henry Bradley	ADDRESS Farmington R. R.
---	-------------------------------------	---	---------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 157X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION March 50	19b. MAJOR FINDINGS OF OPERATION Carcinoma head of Pancreas	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Dec, 1947, to May 9, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at 9:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. H. Appsherry M.D.	23b. ADDRESS Flour River MO	23c. DATE SIGNED 5-12-50
--	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/12/50	24c. NAME OF CEMETERY OR CREMATORY Park View Cemetery	24d. LOCATION (City, town, or county) (State) Farmington, Mo.
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. May 20, 1950	REGISTRAR'S SIGNATURE L. D. Kaelper	25. FUNERAL DIRECTOR'S SIGNATURE M. Carl C. Z. Boyer	ADDRESS Desloge, MO.
--	--	---	-----------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD!

950

OCT 31 1950
DEC 30 1950

MAY 24 1950

DISTRICT HEALTH OFFICE No. 4

P. No. 550-220

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.

Signed B. T. Boyer

Signed _____
Student Embalmer

Licensed Embalmer No. 3660

P. O. Address Desloge, 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 this body is not embalmed, fact should be so stated above.