

FILED AUG 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25512

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 241

1. PLACE OF DEATH a. COUNTY St. Francois 09403		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Farmington St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) LEADINGTON 0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION Power Plant - State Hospt. No.		d. STREET ADDRESS None (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) BRADBURY	b. (Middle) R.	c. (Last) STRAUGHAN	4. DATE OF DEATH (Month) (Day) (Year) July 16, 1952
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5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 1, 1900	9. AGE (In years last birthday) 52	10. UNDER 1 YEAR Months 4 Days 15	11. OVER 1 YEAR Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automotive Driver at State Hospt. 4	10b. KIND OF BUSINESS OR INDUSTRY DUSTRY Farmington, Mo.	11. BIRTHPLACE (City and State or Foreign Country) St. Francois County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Straughan	13b. MOTHER'S MAIDEN NAME Ida Holmes	14. NAME OF HUSBAND OR WIFE Nina Archer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 488-09-5488	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records, State Hospital No. 4, Farmington, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>coronary artery disease, came to his death due to being accidentally electrocuted.</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>electrocuted.</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E9147 46	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 094	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>	21b. PLACE OF INJURY (e.g., in or about home, in factory, street, office, etc.) <i>State Hospt. #4</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Farmington St. Francois Mo.</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>July 16, 1952 8:45 A.M.</i>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW OLD INJURY OCCURRED <i>coming in for a check with machine which was charged with 440 volts of electricity</i>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Bert Miller</i>	(Degree or title) <i>Coroner #3</i>	23b. ADDRESS <i>Farmington, Mo</i>	23c. DATE SIGNED <i>7/30/52</i>
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24a. BURIAL (Specify) <i>Burial</i>	24b. DATE <i>July 18, 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Parkview Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Farmington, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>July 31, 1952</i>	REGISTRAR'S SIGNATURE <i>Ether Reddick</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Sparks Funeral Home, Flat River, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 6 1952

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
Student Embalmer.

Signed Murphy Sparks

Licensed Embalmer No. 4336

P. O. Address St. Louis, 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.