

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 14 1949

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY St. Francois		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) OR TOWN Farmington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington	
d. FULL NAME OF HOSPITAL OR INSTITUTION 111 East Liberty St.		d. STREET ADDRESS (If rural, give location) 111 East Liberty St.	
3. NAME OF DECEASED a. (First) MINNIE		c. (Last) BRADY	
b. (Middle) ETHEL		4. DATE OF DEATH (Month) (Day) (Year) June 3, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 11, 1893
9. AGE (In years last birthday) 55		10. UNDER 1 YEAR Months 7 Days 11	11. UNDER 24 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Dorchester, Ill.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME MILFORD DAVIS	
13b. MOTHER'S MAIDEN NAME Lavina Little		14. NAME OF HUSBAND OR WIFE James Brady	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME JAMES BRADY	ADDRESS FARMINGTON
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple sclerosis		INTERVAL BETWEEN ONSET AND DEATH 12 yrs 345x 8 yrs
	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. Hypertensive cardiac vascular disease		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 May 1, 1948, to 6-2, 1949, that I last saw the deceased alive on 6-2, 1949, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE A. L. Loughran M.D. (Degree or title)	23b. ADDRESS Farmington Mo.	23c. DATE SIGNED 6-6-49
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6-6-49	24c. NAME OF CEMETERY OR CREMATORY Lutheran
24d. LOCATION (City, town, or county) (State) near Farmington Mo.	DATE REC'D BY LOCAL REG. June 7, 1949 REGISTRAR'S SIGNATURE Ether Rudloff FUNERAL DIRECTOR'S SIGNATURE Alvera Farmington ADDRESS	

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

S. No. 300
V. 10-48

944

RECEIVED

District Health Officer No. 4
District File Number 649-788
Date Filed: 6-13-49

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 C. Cozear

Licensed Embalmer No. 4084

P. O. Address Farmington, Conn.

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.