

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2290

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - LIBERTY TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown 6627</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>6 miles south of Farmington, Mo on U.S. Highways 61-67</u>		d. STREET ADDRESS (If rural, give location) <u>312 North MAIN</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDA</u> b. (Middle) <u>MARIE</u> c. (Last) <u>BRADY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 13 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 24 1925</u>	9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>CHARLES CHAPMAN</u>		13b. MOTHER'S MAIDEN NAME <u>LOVIE KING</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph ELMO BRADY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CHARLES CHAPMAN, 3005 South Compton, St Louis, Mo.</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>COITONERS JURY VERDICT: DEATH WAS CAUSED BY A SKULL FRACTURE IN A CAR ACCIDENT ON HIGHWAY 61</u>			INTERVAL BETWEEN ONSET AND DEATH <u>89 16 1</u> <u>W. 26</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ON HIGHWAY 61</u>			
		DUE TO (c) <u>SKULL FRACTURE</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>094</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #61467</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ST. FRANCOIS ST. FRANCOIS MO.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JAN. 13 1951 11:00 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>SKULL FRACTURE RECEIVED IN AUTOMOBILE COLLISION CAR TURNED</u>		

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 (Degree or title) <u>Bert Miller, Coroner</u>		23b. ADDRESS <u>Farmington, Mo</u>		23c. DATE SIGNED <u>1/16/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARCUS Memorial Park</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 16, 1951</u>		REGISTRAR'S SIGNATURE <u>Esther Rindloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sam Taylor, Jr. Fredericktown, Mo.</u>	

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

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APR 23 1951

File No.

DISTRICT HEALTH OFFICE No. 4

JAN 22 1951

RECEIVED

FEB 10 1951

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 *William B O'Connor*

Licensed Embalmer No. *3975*

P. O. Address *Fredericktown 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.