

FILED APR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1951
State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN BOONVILLE)		c. CITY (If outside corporate limits, write RURAL and give township) BOONVILLE <u>0:72</u>	
c. LENGTH OF STAY (in this place) 50 yrs		d. STREET ADDRESS (If rural, give location) 1207 MAIN STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1207 MAIN STREET			

3. NAME OF DECEASED (Type or Print) a. (First) MRS. b. (Middle) ALICE c. (Last) BRADY ROBERTS			4. DATE OF DEATH (Month) (Day) (Year) APRIL 6 - 1951		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 28 - 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) COOPER COUNTY - MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME TAYLOR BRADY		13b. MOTHER'S MAIDEN NAME ELIZABETH McCLANAHAN		14. NAME OF HUSBAND OR WIFE MANUEL ROBERTS	
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. ?		17. INFORMANT'S SIGNATURE AND ADDRESS MANUEL ROBERTS - BOONVILLE, MO.	

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 rust
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Degenerative Nephroses DUE TO (c) Hypertension		
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	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) 4201
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 1951, 1951, that I last saw the deceased alive on 4/7/51, 1951, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE M. DeGraeghe M.D.	(Degree or title)	23b. ADDRESS Boonville Mo	23c. DATE SIGNED 4/7/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 9-51	24c. NAME OF CEMETERY OR CREMATORY COPP'S CHAPEL	24d. LOCATION (City, town, or county) (State) COOPER COUNTY - MO.
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DATE REC'D BY LOCAL REG. 4-8-51	REGISTRAR'S SIGNATURE D. Hooper	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS STEGNER FUNERAL HOME-BOONVILLE, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-16-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 4-16-51

APR 20 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

working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed *James W. Stegner*
Licensed Embalmer No. 3780
P. O. Address BOONVILLE - 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.