

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12478

State File No. ....

1808

BIRTH NO. 21759-5 / REG. DIST. NO. 149 / PRIMARY REG. DIST. NO. 1002 / Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo.</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>2601 Agasson Rd.</u>	

3. NAME OF DECEASED (Type or Print) <u>STEPHEN BERNARD BRADY</u>	a. (First)	(Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>4-25-51</u>
--	------------	----------	-----------	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>April 12-1951</u>	9. AGE (In years last birthday) <u>43</u>	6 UNDER 1 YEAR Months	7 UNDER 1 YRS. Days	8 UNDER 1 YRS. Hours	9 UNDER 1 YRS. Min.
--------------------	------------------------------------	---	--	--	--------------------------	------------------------	-------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Lutheran Hosp. Kan. City Mo. U.S.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	--	---	---

13a. FATHER'S NAME <u>Leon Brady</u>	13b. MOTHER'S MAIDEN NAME <u>Marian Banks</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lindy Brady</u>	ADDRESS <u>Paris, Kan.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>76<sup>30</sup></u>
	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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Apr 24, 1951, to Apr. 25, 1951, that I last saw the deceased alive on Apr 26, 1951, and that death occurred at 7:51A m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. C. Turner</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1433 E. 19th</u>	23c. DATE SIGNED <u>4-25-51</u>
---------------------------------------	----------------------------------	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-25-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sola Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sola Kansas</u>
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>4-26-51</u>	REGISTRAR'S SIGNATURE <u>Steldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kay Wilson &amp; Son</u>	ADDRESS <u>Wash Kan</u>
--	---	---	----------------------------

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

*[Handwritten signature and scribbles]*

**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 *[Signature]* \_\_\_\_\_

Licensed Embalmer No. *21207* \_\_\_\_\_

P. O. Address *Paul Tom* \_\_\_\_\_

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.