

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40417

State File No.

FILED DEC 7 1951

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>4499</u>		Registrar's No. <u>95</u>	
1. PLACE OF DEATH a. COUNTY <u>Shelby County 1020</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbina, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelbina, Mo. 1020</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>X</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CHARLES</u>		b. (Middle)		c. (Last) <u>BRADY</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-27-1871</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Htr. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		9. AGE (In years) IF UNDER 1 YEAR: Months <u>2</u> Days <u>24</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
11. BIRTHPLACE (State or foreign country) <u>Marion Co. Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Charles E. Brady</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Neal</u>	
14. NAME OF HUSBAND OR WIFE <u>Laura Brady</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>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Laura Brady, Shelbina, 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>Uremia</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> <u>3 yrs.</u> 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 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) <u>4200</u>			
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 <u>Jan.</u> , 19 <u>49</u> , to <u>Nov.</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-21</u> , 19 <u>51</u> , and that death occurred at <u>11:00AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Berghler</u> (Degree or title)		23b. ADDRESS <u>Shelbina, Mo.</u>		23c. DATE SIGNED <u>11-24-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-23-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>			
24d. LOCATION (City, town, or county) (State) <u>Shelbina, Mo.</u>		DATE REC'D BY LOCAL REG. <u>11-26-51</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u> <u>469</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Barkelaw-Hawkins</u>		ADDRESS <u>Shelbina, Mo.</u>					

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

MAR 1 9 1957

Date Received: DEC 3
DISTRICT HEALTH OFFICE #
District File Number 12-51
Date Filed: DEC 5 1957

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.....

Signed..... *W. Howard Jones*

Signed.....
Student Embalmer

Licensed Embalmer No. *349 F*

P. O. Address. *Shelton Md*

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.