

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18697

State File No. \_\_\_\_\_  
Registrar's No. 184

MAY 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal 0644	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 319 No. Main St.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) No. River Road, Marion Co.			

3. NAME OF DECEASED (Type or Print) a. (First) Mundy b. (Middle) c. (Last) Brady			4. DATE OF DEATH (Month) (Day) (Year) 5-8-1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 24 1900	9. AGE (In years last birthday) 52	10. UNDER 1 YEAR Months 8	11. UNDER 1 MTH. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance, RR.	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Logan Co., Ky	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Barlow Brady	13b. MOTHER'S MAIDEN NAME Lucy --	14. NAME OF HUSBAND OR WIFE Ruth Brady
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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. 405-03-5781	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Brady, 319 No. Main St.,	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		
	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. had Ant. Myocardial Infarction 6 months ago.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Hannibal (COUNTY) Marion (STATE) Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4/11/52, 19\_\_, to 5/1/53, 19\_\_, that I last saw the deceased alive on 5/1/53, 19\_\_, and that death occurred at 4:50 PM, from the causes and on the date stated above.

23. SIGNATURE J. H. Waters Chief M.D.	(Degree or title)	23b. ADDRESS Hannibal Mo.	23c. DATE SIGNED 5/1/53
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24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/22/53	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal Marion Mo.
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DATE REC'D BY LOCAL REG. 5-12-53	REGISTRAR'S SIGNATURE Dr. E. M. Lucke	159-11 By W. C. Fisher	25. FUNERAL DIRECTOR'S SIGNATURE Michael J. O'Rourke	ADDRESS Hannibal Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

44  
3

RECEIVED MAY 18 1953  
MARION CO. HEALTH DEPT.  
DATE FILED MAY 18 1953

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

*Michael J. O'Donnell*

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.