No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32521

FILED SEP 29 1953

BIRTH NO. _____ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 5849 Registrar's No. 17

740

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

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): E. of Conception Rural Jefferson
c. LENGTH OF STAY (in this place): 25 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural "mile E. Of Conception

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo. b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): E. Of Conception Jefferson
d. STREET ADDRESS (If rural, give location): Rural Jefferson 0740

3. NAME OF DECEASED (Type or Print)
a. (First): John Donald b. (Middle): Brady c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Sept 23 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 23 1927
9. AGE (In years last birthday): 25 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Nodaway Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: John Brady
13b. MOTHER'S MAIDEN NAME: Margaret Corcoran
14. NAME OF HUSBAND OR WIFE: Mrs. Lois Brady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lois Brady Stanberry
ADDRESS: 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): RECTAL CARCINOMA — INTERVAL BETWEEN ONSET AND DEATH: 1 YR

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: 154X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC. 13, 1951, *to* SEPT. 23, 1953, *that I last saw the deceased alive on* SEPT. 22, 1953, *and that death occurred at* 3,30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul J. Kodull M.D.
23b. ADDRESS: Conception Jct., Mo.
23c. DATE SIGNED: 9/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/25/53
24c. NAME OF CEMETERY OR CREMATORY: St. Columba
24d. LOCATION (City, town, or county) (State): Conception, Mo.

DATE REC'D BY LOCAL REG.: Sept. 23-53
REGISTRAR'S SIGNATURE: Mrs Elza Crenshaw 374
25. FUNERAL DIRECTOR'S SIGNATURE: Laton F. Phillips
ADDRESS: Stanberry Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 10 1953

OCT 22 1953

FEB 5 1954

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 Latoy A. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonberry 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.