

12324

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 20 1955

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>no real</u>		Registrar's No. <u>140</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Mo - Donald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>			c. LENGTH OF STAY (in this place) <u>months</u>	c. CITY OR TOWN <u>Noel</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1809 Grand-Creme Road Home</u>				e. STREET ADDRESS (If rural, give location) <u>Box 2</u>				0601	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Steve</u>			b. (Middle) <u>E.</u>		c. (Last) <u>BRADY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 26 - 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		DATE OF BIRTH <u>Dec 19, 1884</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life or if retired) <u>Retired Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or foreign Country) <u>Boulder City, Mo - 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>D.R. Brady</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Copelin</u>			14. NAME OF HUSBAND OR WIFE <u>Iris D. Brady</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Iris Brady</u>				ADDRESS <u>Box 2, Noel, 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>Cerebral Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 YR - 2 MO.</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>				3 YEARS	
				DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>				6 MO.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None.</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT-SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Joplin</u>		(COUNTY) <u>Jasper</u>		(STATE) <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>no injury</u>					
22. I hereby certify that I attended the deceased from <u>Feb 21</u> , 19 <u>55</u> to <u>Mar 26</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>March 26</u> , 19 <u>55</u> , and that death occurred at <u>4:50 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. F. Stephens</u>				(Degree or title) <u>2 J.D.</u>		23b. ADDRESS <u>211 W. 20th</u>		23c. DATE SIGNED <u>4-6-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 28, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laredo Green Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boulder City, Missouri</u>				
DATE REC'D BY LOCAL REG <u>4-11-55</u>		REGISTRAR'S SIGNATURE <u>W. S. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. ...</u>					ADDRESS <u>Delaware, Ark.</u>

138-2 (Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

JUN 22 1956

APR 21 1955

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 .....  
Signature of Student Embalmer

Signed W. H. Hudson .....  
Licensed Embalmer No. 4770  
P. O. Address Opelousas, La

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.