

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5418

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559v Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Joachim</u>		c. CITY OR TOWN <u>Farmington</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mountain View Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) <u>James Bernard Brady</u>	a. (First) _____ b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH <u>Feb. 19, 1956</u>	(Month) (Day) (Year)
--	--	---------------------------------------	----------------------

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 19, 1894</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat Cutter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rutland, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>James Brady</u>	13b. MOTHER'S MAIDEN NAME <u>Arminda Swords</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Davis Brady</u>
---------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elroy Brady</u>	ADDRESS <u>Farmington Rr. 15, 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		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>several yrs.</u>
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 <u>33ix</u>	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)
--	--	---

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 10-10, 1953, to 2-19, 1956, that I last saw the deceased alive on 2-19, 1956, and that death occurred at 4p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. D. Darnell, M.D.</u>	23b. ADDRESS <u>112 Mississippi, Crystal City, Mo.</u>	23c. DATE SIGNED <u>2-20-56</u>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb. 21, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>2-23-56</u>	REGISTRAR'S SIGNATURE <u>John A. Regan</u>	502	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozean Funeral Home, Farmington, Mo.</u>	ADDRESS
---	--	-----	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

1956  
MAR 6

DATE RECEIVED

FEB 28 1956

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 *Heidi B. Vinson*

Licensed Embalmer No. *4974*

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