

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 2 - 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 67

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| 1. PLACE OF DEATH a. COUNTY <u>Jaspe r</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u> | c. LENGTH OF STAY (in this place) <u>12 yrs</u> | c. CITY OR TOWN <u>Carthage</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>1035 S. Orner St.</u> | | STREET ADDRESS (If rural, give location) <u>1035 S. Orner St. 0490</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>MILLARD</u> | b. (Middle) <u>FILMORE</u> | c. (Last) <u>BRADY</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 17, 1956</u> |
|-------------------------------------|---------------------------|----------------------------|------------------------|---|

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| 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>May 23, 1857</u> | 9. AGE (In years last birthday) <u>98</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired blacksmith</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco & MKT Railroad</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Pleasant Hope, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>James H. Brady</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Ross</u> | 14. NAME OF HUSBAND OR WIFE <u>Sallie F. Brady</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J.C. Bussinger</u> | ADDRESS <u>Rte 2, Carthage</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary vascular accident</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 3-15-56, 1956, to 3-17, 1956, that I last saw the deceased alive on 3-15, 1956, and that death occurred at 8:45a m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Med Switzer Jr.</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Carthage, Missouri</u> | 23c. DATE SIGNED <u>3-17-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>Mar 19, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>3-19-56</u> | REGISTRAR'S SIGNATURE <u>W. Clinton</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u> | ADDRESS <u>Carthage, Mo.</u> |
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Jasper County Health Office
County File Number 56-3-272
Date Filed MAR 30 1956

MAY 1 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..... Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Ca rthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.