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FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

457 0 STATE FILE NUMBER 458
4038 REGISTRAR'S NO 35

Registration District No. 90 Primary Registration District No. 4038 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY BENTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY BENTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WARSAW		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WARSAW Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION (NONE)		Length of stay in 1b —	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First PETER Middle L. Last BRADY			4. DATE OF DEATH Month Aug Day 12 Year 1957		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 28, 1866	9. AGE (In years last birthday) 90 IF UNDER 1 YEAR: Months 8 Days 14 IF UNDER 24 HRS.: Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm owner	11. BIRTHPLACE (City and state or country) Warsaw - Benton Co, Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME Robert Brady		13b. MOTHER'S MAIDEN NAME Della Smith		14. NAME OF HUSBAND OR WIFE Jaspine Brady	
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. No	17. INFORMANT Jaspine Brady Address WARSAW, Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral infarction, multiple			INTERVAL BETWEEN ONSET AND DEATH 7 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombosis			
DUE TO (c) Arteriosclerosis			332X ? (yrs.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recurrent attacks of bronchopneumonia (bilat.)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		2	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour — Month, Day, Year — a.m. — p.m. —			

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION WARSAW, MO	COUNTY BENTON	STATE MO
21. I attended the deceased from 6-20-57 to 8-11-57 and last saw him alive on 8-11-57 Death occurred at 3:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE G. Rhoder, MD (Degree or title)			22b. ADDRESS WARSAW, MO		22c. DATE SIGNED Aug 13, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Aug 14, 1957	23c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	23d. LOCATION (City, town, or county) WARSAW BENTON CO. MO (Sign)
24. FUNERAL DIRECTOR Reser Funeral Home ADDRESS WARSAW		25. DATE RECD. BY LOCAL REG. Aug 13, 1957	26. REGISTRAR'S SIGNATURE Jas. A. Logan	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *John F. Reser*

Licensed Embalmer No. *4090*

P. O. Address *Warsaw*

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.