

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36386**

FILED OCT 29 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>California</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>		c. CITY OR TOWN <b>Riverside</b>	
c. LENGTH OF STAY (in this place) <b>2 mos</b>		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 <b>722 E. Macon St</b>		e. STREET ADDRESS (If rural, give location) <b>3993 3958 Port Drive LA CADENA Ave</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>LAWRENCE</b> b. (Middle) <b>ELLIS</b> c. (Last) <b>BRADY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 18, 1957</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct 20, 1906</b>
9. AGE (In years last birthday) <b>50</b>		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>construction</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mattoon, Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>George Brady</b>	
13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Edra Stull Brady</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>331-09-4405</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jack Coleman, Carthage, Mo</b>		ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbidity 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. <b>4201</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <b>2</b> 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) (Min.) _____		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 <del>from</del> <b>once only</b> on <b>Oct 18, 1957</b> , that I last saw the deceased alive on <b>Oct 18, 1957</b> , and that death occurred at <b>3:15 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Richard R. Coyle MD</b>		23b. ADDRESS <b>Carthage, Mo</b>	
23c. DATE SIGNED <b>10-19-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-21-57</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Dodge Grove Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>MATTOON, ILLINOIS</b>	
DATE REC'D BY LOCAL REG. <b>10-21-57</b>		REGISTRAR'S SIGNATURE <b>WJ Elinton</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Knell Mortuary, Carthage, Mo</b>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

1390

Jasper County Health Office  
County File Number 57-60-872  
Date Filed 8 1967

**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 O. L. Isbell.....

Licensed Embalmer No. 4920  
P. O. Address Canthage, Va.

**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.