

Dept. Health,  
 Soc. & Welfare  
 U. S. Public  
 Health Service

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

44250

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5875

V. 5. 300  
 Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE, (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City Mo</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City Mo</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4432 Merington</u> Length of stay in lb <u>37 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>4432 Merington</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Mr Claude C Brady</u> First Middle Last		4. DATE OF DEATH <u>12-11-1957</u> Month Day Year	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-29-1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocer</u>	11. BIRTHPLACE (City and state or country) <u>Smithville Arkansas</u>
10c. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>George Brady</u>		13b. MOTHER'S MAIDEN NAME <u>Leah Morgan</u>	
14. NAME OF HUSBAND OR WIFE <u>Jessie A. Brady</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>487-12-6475</u>		17. INFORMANT <u>Jessie A Brady</u> Address <u>4432 Merington St.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MIEMIA</u> DUE TO (b) <u>Prostatism</u> DUE TO (c) <u>Carcinoma, Prostate, Primary</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> <u>177x</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 WORK <input type="checkbox"/> 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 COUNTY STATE	
21. I attended the deceased from <u>August, 1937</u> to <u>Dec. 11, 1957</u> and last saw <u>him</u> alive on <u>12/11/57</u> Death occurred at <u>9:00</u> <u>p.</u> m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Wm H. Martin D.O.</u>		22b. ADDRESS <u>1115 Grand, Kansas City Mo</u>	
22c. DATE SIGNED <u>12/12/57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>12-14-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>	
23d. LOCATION (City, town, or county) <u>Jackson Co Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>Francis-Warnall Funeral Home</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12-13-57</u>	
26. REGISTRAR'S SIGNATURE <u>Irene Minshall</u>			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



Mr. W. A. Marshall Do  
700 Street at Bldg  
1115

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 *Russell N. France*

Licensed Embalmer No. *4255*

P. O. Address *K. E. 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.