(Attached Cincinnati's Statement on Reverse Side)

URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-020432
STATE FILE NUMBER

FILED JUN 22 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 631

MENDED

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 1 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: D.O.A. Mo. Meth. Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Doniphan
c. CITY OR TOWN: Elwood — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 305 North 12 Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Opal — Middle Lorraine — Last Brady
4. DATE OF DEATH: Month June — Day 12 — Year 1959

5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-26-1900
9. AGE (last birthday): 59 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Roanoke, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Payne
13b. MOTHER'S MAIDEN NAME: Elizabeth Wayland
14. NAME OF HUSBAND OR WIFE: William H. Brady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 509-32-8510
17. INFORMANT: Mrs Wilberta Hupp, Address: Elwood, Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few mi.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS ~~CONTRIBUTING TO DEATH but~~ not related to the terminal disease condition given in PART I (a): Patient was convalescing from Surgery (Cholecystectomy 2wk)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 5-22-59, to 6-12-59 and last saw her alive on 6-11-59
Death occurred at 6:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm B Rost M.D.
22b. ADDRESS: 316 North St Joseph Mo
22c. DATE SIGNED: 6-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 15, 1959
23c. NAME OF CEMETERY OR CREMATORY: Bellemont, Cemetery
23d. LOCATION (City, town, or county) (State): Wathena, Kansas

24. FUNERAL DIRECTOR: Wm. H. Alexander — ADDRESS: St. Joseph, Mo
25. DATE RECD. BY LOCAL REG.: June 18, 1959
26. REGISTRAR'S SIGNATURE: Mrs. Clara Goodell

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

Dr. Wm. B. Rost

NOV 19 1959

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 _____ Signed Wm. H. Alexander
Signature of Student Embalmer

Licensed Embalmer No. 4450

P. O. Address St. Joseph,

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