

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
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FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 7 8 6

FILED VS DEC 17 1959 107 Primary Registration District No. 3019 Registrar's No. 224 STATE FILE NUMBER

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Dunklin | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett | | Length of stay in 1b one 7 days | | c. CITY OR TOWN Lavalle | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin County M. Hospital | | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) Lavalle | |
| 3. NAME OF DECEASED (Type or print) First Orville Middle Brady Last Brady | | | | 4. DATE OF DEATH Dec. 6, 1959 | | | |
| 5. SEX male | | 6. COLOR OR RACE Cauc. | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH Jan. 21, 1897 | |
| | | | | 9. AGE (last birthday) 62 yrs. | | 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) Retired farmer | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Lawrence County Tenn. USA | |
| 13a. FATHER'S NAME Samuel Brady | | | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE Rosa 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. 410-01-3160 | | 17. INFORMANT Address Mrs. Rosa Brady Lavalle 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 hemorrhage | | | | | | INTERVAL BETWEEN ONSET AND DEATH 20 hrs. | |
| 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) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 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 a.m. p.m. | | Month, Day, Year | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 | | COUNTY STATE | |
| 21. I attended the deceased from December 5, to December 6 and last saw her ^{her} him _{him} alive on December 5, 1959 Death occurred at 12-6-59 1:10 A:M on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Winton Taves, M.D. | | | | 22b. ADDRESS Kennett, Mo. | | 22c. DATE SIGNED 12-11-59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE Dec. 8, 1959 | | 23c. NAME OF CEMETERY OR CREMATORY Taylor Cemetery | | 23d. LOCATION (City, town, or county) (State) 6 mi SW of Essex Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS Watkins Funeral Service Parma Mo. | | | | 25. DATE RECD. BY LOCAL REG. 12-12-1959 | | 26. REGISTRAR'S SIGNATURE Carl J. Hushard | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Marsh Watkins

Licensed Embalmer No. 4717
P.O. Address Dexter Mi

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.