

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014805

FILED MAY 16 1960

Registration District No. 128 Primary Registration District No. 2002 Registrar's No. 534

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>GREENE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>		Length of stay in lb <u>40 YRS.</u>	c. CITY OR TOWN <u>SPRINGFIELD</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSP.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>MERCY HOSPITAL</u>		
3. NAME OF DECEASED (Type or print) <u>MSGR. THOMAS</u>			First <u>J.</u>	Middle <u>BRADY</u>	Last <u>BRADY</u>	
4. DATE OF DEATH <u>MAY 5 1960</u>			Month <u>MAY</u>	Day <u>5</u>	Year <u>1960</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10/15/78</u>	9. AGE (last birthday) <u>81</u>	
				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) <u>CATHOLIC PRIEST</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>COUNTY LEITRIM IRELAND</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>			13a. FATHER'S NAME <u>JOHN BRADY</u>			
13b. MOTHER'S MAIDEN NAME <u>ANNA MITCHELL</u>			14. NAME OF HUSBAND OR WIFE <u>X</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.	17. INFORMANT <u>MSGR. JOHN WESTHUES, SPRINGFIELD, MO</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>Atherosclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) <u>Generalized Atherosclerosis</u>					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Aneurysm of Abdominal Aorta</u>				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 checked="" type="checkbox"/> NO <input 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.) <u>None</u>			
20c. TIME OF INJURY Hour _____ a.m. _____ <u>None</u>	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 <u>1953</u> to <u>May 5, 1960</u> and last saw him alive on <u>5-5-60</u> Death occurred at <u>11:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>W. Paul, M.D.</u>			(Degree or title)	22b. ADDRESS <u>609 Cherry, Springfield, Mo.</u>	22c. DATE SIGNED <u>5/6/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5/9/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY'S CEMETERY</u>	23d. LOCATION (City, town, or county) <u>SPRINGFIELD, MO.</u>		
24. FUNERAL DIRECTOR <u>H. H. LOHMEYER,</u>		ADDRESS <u>SPRINGFIELD, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>5-9-60</u>	26. REGISTRAR'S SIGNATURE <u>Effie E. Meeton</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 24 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. L. Mc Cormac

Licensed Embalmer No. 272

P. O. Address Springfield

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.