

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-045026

FILED VS. JAN. 3 1961

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Primary Registration District No. 3002 Registrar's No. 296

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Audrain	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico	a. STATE Mo	b. COUNTY Boone
Length of stay in 1b 2 mos		c. CITY OR TOWN Centralia	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County		d. STREET ADDRESS (If outside, give location) 429 S. Jenkins	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Charles	Middle Nelson	Last Frady	4. DATE OF DEATH	Month Dec	Day 23	Year 1960
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5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug 21, '99	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months 4 Days 2	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Implement Dealer	10b. KIND OF BUSINESS OR INDUSTRY Case Implement	11. BIRTHPLACE (City and state or country) Brighton, Ireland	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John Frady	13b. MOTHER'S MAIDEN NAME Annie (unknown)	14. NAME OF HUSBAND OR WIFE Edna Frady
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	16. SOCIAL SECURITY NO. no	17. INFORMANT Mrs. Edna Frady, Centralia
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH unknown
IMMEDIATE CAUSE (a) Carcinoma right kidney with	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) Metastasis to liver, heart, left kidney and bone	
DUE TO (c) Coronary artery disease	

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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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 Centralia Mo	COUNTY Boone	STATE Mo
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21. I attended the deceased from **November 56 11:10 p.m.** to **Dec. 23, 60** and last saw her/him alive on **Dec. 23, '60**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Robt. Ward M.D.	22b. ADDRESS Centralia Mo	22c. DATE SIGNED 12/28/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 26, '60	23c. NAME OF CEMETERY OR CREMATORY Washington Park	23d. LOCATION (City, town, or county) (State) Indianapolis, Indiana
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24. FUNERAL DIRECTOR Dell Co Meador	ADDRESS Centralia, Missouri	25. DATE RECD. BY LOCAL REG. Dec. 25-1960	26. REGISTRAR'S SIGNATURE Blanche Neely
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 4 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Bill J. Meador

Licensed Embalmer No. 4876

P. O. Address Centralia, Mo.

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