

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039135

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 517

FILED OCT 22 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Oklahoma b. COUNTY Ottawa			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b		c. CITY OR TOWN Miami Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1325 -B, N.E. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS PAUL BRADY			4. DATE OF DEATH Month Day Year October 16, 1962		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-13-1908	9. AGE (last birthday) 53	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) Foreman		10b. KIND OF BUSINESS OR INDUSTRY B. F. Goodrich Pl.		11. BIRTHPLACE (City and state or country) Wyandotte, Oklahoma	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Richard Brady		13b. MOTHER'S MAIDEN NAME Emma Brunk	
14. NAME OF HUSBAND OR WIFE Fern Brady		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) unk (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Fern Brady, Miami, Oklahoma			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chemical Der. Toxic DUE TO (b) Ruptured Duodenal Stump DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 60 hrs 60 hrs
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 10/15/62 to 10/16/62 and last saw him live on 10/16/62 Death occurred at 6:15 p m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Bert F. Woodruff (Degree or title)			22b. ADDRESS Joplin Mo		22c. DATE SIGNED 10/18/62 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-19-1962	23c. NAME OF CEMETERY OR CREMATORY G.A.R. Cemetery,		23d. LOCATION (City, town, or county) Miami, Oklahoma
24. FUNERAL DIRECTOR COOPER FUNERAL HOME, MIAMI, OKLAHOMA ADDRESS		25. DATE RECD. BY LOCAL REG. 10-18-1962		26. REGISTRAR'S SIGNATURE Dove Merriam	

USE BLACK INK OR TYPEWRITER RIBBON

MAR 22 1963
APR 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ ^{was not} embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.
Student _____
Signature of Student Embalmer

Signed Robert A. Zook

Licensed Embalmer No. 5193

P. O. Address Joplin, 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.