

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4687

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 64	
1. PLACE OF DEATH a. COUNTY <i>Henry</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Henry</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clinton Mo</i>		c. LENGTH OF STAY (in this place) <i>all life</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clinton Mo</i>		d. STREET ADDRESS (If rural, give location) <i>north main st</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home</i>				3. NAME OF DECEASED (Type or Print) (First) <i>Lilly</i> (Middle) <i>-</i> (Last) <i>Brady</i>			
4. DATE OF DEATH (Month) (Day) (Year) <i>Mar 5 1949</i>		5. SEX <i>Female</i>		6. COLOR OR RACE <i>Colored</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	
8. DATE OF BIRTH <i>April 4 1879</i>		9. AGE (In years last birthday) <i>69</i>		IF UNDER 1 YEAR Months <i>11</i> Days <i>1</i>		IF UNDER 24 HRS. Hours <i>1</i> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home work</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Clinton Mo. 1</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Walker Dunning</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Wilson</i>		14. NAME OF HUSBAND OR WIFE <i>William Brady</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>William Brady Clinton Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Congestive heart failure 2 wks</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Tumor of uterus</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 mo</i> <i>2 wks</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>1122</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Feb 1</i> , 1949, to <i>March 5</i> , 1949, that I last saw the deceased alive on <i>3-4</i> , 1949, and that death occurred at <i>9 A</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>W. S. Walker M.D.</i>				23b. ADDRESS <i>Clinton Mo</i>		23c. DATE SIGNED <i>3-6-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Mar 7 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Clinton Colored Cem</i>		24d. LOCATION (City, town, or county) (State) <i>Clinton Mo</i>	
DATE REC'D BY LOCAL REG. <i>3-5-49</i>		REGISTRAR'S SIGNATURE <i>Florence Adair</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J. E. Consalieu Clinton Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No

District File Number 2-49-0

Date Filed 3-14-0

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 _____

J. Eugene R. Conzales
working under my personal supervision.

Student Embalmer No. 281

Signed Eugene R. Conzales
Student Embalmer

Signed J. E. Conzales

Licensed Embalmer No. 1891

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.