

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39918

State File No. _____

FILED NOV 28 1949

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>338</u>		PRIMARY REG. DIST. NO. <u>6154</u>		Registrar's No. <u>61</u>					
1. PLACE OF DEATH a. COUNTY <u>STODDARD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u>				b. COUNTY <u>STODDARD</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAVALLE Mo.</u>		c. LENGTH OF STAY (in this place) <u>6 Yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. <u>LAVALLE Mo.</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>Lavalle Mo.</u>							
3. NAME OF DECEASED (Type or Print) <u>JAMES ORVILLE BRADY</u>			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH <u>OCT. 25, 1949</u>			(Month)			(Day)			(Year)		
5. SEX <u>M</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>NOV. 14, 1933</u>		9. AGE (In years last birthday) <u>15</u>		IF UNDER 1 YEAR Months Days Hours Mins. <u>11 10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM HAND</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>TENN.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>O.B. BRADY</u>				13b. MOTHER'S MAIDEN NAME <u>ROSA HOLLIS</u>				14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>O. B. Brady, La Valle, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>12 gauge shotgun wound through right eye</u>								<u>Sudden</u>	
		ANTECEDENT CAUSES <u>right eye</u>									
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.									
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____									
		DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		(Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Woods</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Richland Twp. Stoddard, Mo.</u>					
21d. TIME OF INJURY <u>Oct. 25, 1949 10:30 A.M.</u>		(Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Accidentally self-inflicted while hunting.</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Ray W. Rainey</u>				(Degree of title) <u>Coroner</u>				23b. ADDRESS <u>Dexter, Mo.</u>		23c. DATE SIGNED <u>10-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 27, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>TAYLOR</u>		24d. LOCATION (City, town, or county) (State) <u>STODDARD COUNTY, MO.</u>					
DATE REC'D BY LOCAL REG. <u>11-14-49</u>		REGISTRAR'S SIGNATURE <u>Rose</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Webster W. Watterman</u>		ADDRESS <u>Funeral Service</u>					

(Licensed Embalmer's Statement on Reverse Side)

Parma Mo

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

RECEIVED NOV 21 1949
District Health Office No. 2,
District File Number 1149-118
Date Filed _____

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.

Signed Walter Marsh Watkins

Signed _____
Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.