

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15584**

FILED MAY 16 1951

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **126**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MO b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia 0105	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bowling Lumber Co.		d. STREET ADDRESS (If rural, give location) 820 Coats	

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) WILLIAM	c. (Last) BRADY	4. DATE OF DEATH (Month) (Day) (Year) May 7 1951
-------------------------------------	--------------------------	----------------------------	------------------------	--

5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 31 1874	9. AGE (In years last birthday) (If under 1 year, state Months Days Hours Mins.) 77
------------------	---------------------------	---	--------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Forman	10b. KIND OF BUSINESS OR INDUSTRY Lumber Co.	11. BIRTHPLACE (State or foreign country) Middletown Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.
--	---	--	--

13a. FATHER'S NAME Joshau Brady	13b. MOTHER'S MAIDEN NAME -	14. NAME OF HUSBAND OR WIFE Dolly E. Grim
--	------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. 490-07-1376	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. H.W. Biggs Columbia, Mo.
---	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease 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 (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **July 10 1950** to **May 7 1951**, that I last saw the deceased alive on **May 3, 1951**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Roland P. Sadleir MD	23b. ADDRESS 16 N. 10th Columbia	23c. DATE SIGNED 5-9-51
--	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 10 1951	24c. NAME OF CEMETERY OR CREMATORY Columbia Cem.	24d. LOCATION (City, town, or county) (State) Columbia Mo.
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. May 10 1951	REGISTRAR'S SIGNATURE Mrs. R.E. Palmore	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parber Funeral Service Inc. Columbia, Mo.
---	--	---

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

05
37

RECEIVED 5-15-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-19-51

MAY 21 1951

MAY 14 1951

MAY 18 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

M. S. Whitely

Signed.....
Student Embalmer

Licensed Embalmer No. 3893

P. O. Address. *Columbia, 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.