

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17891

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW</u>		c. LENGTH OF STAY (In this place) <u>MONTHS</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lincoln</u>		0080	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>DUDLEY</u>		b. (Middle) <u>(None)</u>	
c. (Last) <u>BRADY</u>		Month <u>June</u> Day <u>29</u> Year <u>1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Apr 13, 1870</u>
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>2</u> DAYS <u>16</u> HOURS <u>1</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Benton Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Robert BRADY</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Fields</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Brady</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-30-9225</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Anna Brady</u>		ADDRESS <u>Lincoln, Mo</u>	
18. CAUSE OF DEATH			
Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Accident</u>			
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
DUE TO (b) <u>Hypertensive Cardio-Vasc.-Renal</u>			
DUE TO (c) <u>5 1/2 years</u>			
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	
		442X	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>17 Oct., 1953</u> , to <u>29 June, 1954</u> , that I last saw the deceased alive on <u>28 June, 1954</u> , and that death occurred at <u>4:10 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>David H. Glenn M.D.</u>		23b. ADDRESS <u>Warsaw, Mo</u>	
23c. DATE SIGNED <u>29 June 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 1, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln Benton Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 30-1954</u>		REGISTRAR'S SIGNATURE <u>Jos. A. Logan</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Ryan</u>		ADDRESS <u>Lincoln, Mo</u>	

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

JUL 29 1955

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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.

Student .....  
Student Embalmer

Signed

*John J. Reser*

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.