

FILED AUG 13 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22827**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **839**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>55 years</b>	c. CITY OR TOWN <b>St. Joseph</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>429 Michigan Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUIS</b> b. (Middle) <b>B.</b> c. (Last) <b>BRADY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 28, 1956</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>July 19, 1882</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Days <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Cattle dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Phillip Brady</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Bell unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Brady</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>500-36-1253</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Tibey Brady</b>	ADDRESS <b>409 Michigan, St. Joseph, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gen. Carcinomatosis (Abd.)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Several yrs.</b>
	ANTECEDENT CAUSES 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. <b>153x</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>AdenoCarcinoma Sigmoid Colon</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **10-22, 1955** to **7-28, 1956**, that I last saw the deceased alive on **7-28, 1956**, and that death occurred at **10:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert McKie M.D.</b>	23b. ADDRESS <b>St. Joseph, Mo</b>	23c. DATE SIGNED <b>7-31-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>7/31/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Adath Joseph Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Aug 10, 1956</b>	REGISTRAR'S SIGNATURE <b>Ethel M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hester-Bourne</b>	ADDRESS <b>St. Joseph, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *James B. Hamkin*.....

Licensed Embalmer No. *4536*.....

P. O. Address *319 So 10<sup>th</sup> St*.....

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.