

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043225
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 569

FILED DEC 29 1958

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| 1. PLACE OF DEATH a. COUNTY Boone | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone | |
| b. CITY OR TOWN Columbia | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Columbia | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 Sunset Lane | | Length of stay in lb 10 mos. | d. STREET ADDRESS 1000 Cherry Street |

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| 3. NAME OF DECEASED (Type or print) First Dolly Middle Elizabeth Last Brady | | | 4. DATE OF DEATH Month 12 Day 17 Year 58 | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sent. 3, 1873 | 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Washington, Ind. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Lemuel Grim | 13b. MOTHER'S MAIDEN NAME Eleanor Terrell | 14. NAME OF HUSBAND OR WIFE George Brady (Dec.) |
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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) no | 16. SOCIAL SECURITY NO. ----- | 17. INFORMANT Mrs. Mary Biggs Columbia, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia congestive | | INTERVAL BETWEEN ONSET AND DEATH 24 Hrs. |
| DUE TO (b) arterio sclerosis, general | | |
| DUE TO (c) ----- | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple myeloma | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4500 |
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| 20c. TIME OF INJURY Hour 4:00 Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Columbia | COUNTY Boone | STATE Missouri |
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| 21. I attended the deceased from 1948 to Dec. 17 1948 and last saw her alive on Dec. 17 1948 Death occurred at 12:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE James D. Baker MD (Degree or title) | 22b. ADDRESS Columbia, Mo. | 22c. DATE SIGNED Dec 19 1958 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12/20/58 | 23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery | 23d. LOCATION (City, town, or county) (State) Columbia, Missouri |
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| 24. FUNERAL DIRECTOR Lyman Sprinkle Columbia Mo | ADDRESS Columbia Mo | 25. DATE RECD. BY LOCAL REG. Dec 20 1958 | 26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 2 1956

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 *George D. Dramm*

Licensed Embalmer No. *4425*

P. O. Address *Columbus, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.