

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043272

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1354

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City 8150 8		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital		Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) 3009 Parkwood		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Joseph Edward Brady			4. DATE OF DEATH Month Day Year December 16, 1958.		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 25, 1938.		9. AGE (In years birth day) 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME J. M. Brady		13b. MOTHER'S MAIDEN NAME Mary Ruskey		14. NAME OF HUSBAND OR WIFE -----	
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. 488-38-8268 yes	17. INFORMANT Mary Brady Address Kansas City, Kansas.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic shock + hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Skull fracture. DUE TO (c) Falling from bridge forms 9023					INTERVAL BETWEEN ONSET AND DEATH 30 minutes 30 minutes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 6					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" 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.) was working on bridge forms between feet 71 and 72 on highway stepped on loose form fell 18 feet struck head on frozen ground.			
20c. TIME OF INJURY Hour Month, Day, Year p.m. 1 Dec 16 58		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office, bus, etc.) near Seaboard highway on Super highway viewed bridge	
20f. CITY, TOWN, OR LOCATION Buchanan		20g. COUNTY Buchanan		20h. STATE MO	
21. I attended the deceased from Death occurred at 1:35 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE S.M. Meloney MD Coroner 3			22b. ADDRESS 214 Kirkpatrick St Joseph 8 MO		22c. DATE SIGNED Dec 17 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/16/58,	23c. NAME OF CEMETERY OR CREMATORY Butler Funeral Home		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas.
24. FUNERAL DIRECTOR Menschaff, Freeman		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 18 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Robert E. Harrington*

Licensed Embalmer No. 3258
P. O. Address St. Joseph, 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.

DEC 3