

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004541

STATE FILE NUMBER

189

FILED FEB 24 1959

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY Euchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		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 lb Lifetime		d. STREET ADDRESS (If outside, give location) 2814 Renick St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First David Middle Charles Last Brady				4. DATE OF DEATH Month February Day 17 Year 1959			
5. SEX Male	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 July 9, 1943		9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Central High School	11. BIRTHPLACE (City and state or country) Kansas City, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Harold Brady		13b. MOTHER'S MAIDEN NAME Mary Collins		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. -----	17. INFORMANT Harold Brady		Address St. Joseph, Mo.		
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 + intracranial hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Skull fracture + severing an intracranial sinus DUE TO (c) Striking head on wall PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9834						INTERVAL BETWEEN ONSET AND DEATH about 1 hr about 1 hr	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) A 2 man fight					
20c. TIME OF INJURY Hour 7:30 PM Month 2 Day 17 Year 1959							
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.) Saint Joseph Buchanan Mo	20f. CITY, TOWN OR LOCATION Saint Joseph Buchanan Mo	COUNTY Buchanan Mo	STATE MO		
21. I attended the deceased from Unraved body + autopsy and last saw him alive on 2-17-59 Death occurred at 9:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Dr. SE Meluney M.D.			(Degree or title) Coroner - 3	22b. ADDRESS Kirkpatrick Bldg, St. Joseph, Mo.		22c. DATE SIGNED 2/18/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Febr. 19, 1959	23c. NAME OF CEMETERY OR CREMATORY Adath Joseph Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.			
24. FUNERAL DIRECTOR Meyerhoffer & Sleeman			ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Feb. 19, 1959	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. SE Meluney
All diseases in Part I must be causally related.

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 *Eric J. Cherry*
Licensed Embalmer No. *4679*
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.