URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-023840
STATE FILE NUMBER

FILED VS JUL 7 1960 Registration District No. 209 Primary Registration District No. 4320 Registrar's No. 41

ENDED

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Palmyra — Length of stay in 1b: 4 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maple Lawn Rest Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Ralls
c. CITY OR TOWN New London — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. R. # 2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First JAMES Middle ROBERT Last BRADY
4. DATE OF DEATH Month June Day 26 Year 1960
5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10/19/73
9. AGE (last birthday) 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY own farm
11. BIRTHPLACE (City and state or country) Ralls Co., Missouri
12. CITIZEN OF WHAT COUNTRY United States
13a. FATHER'S NAME Norval L. Brady
13b. MOTHER'S MAIDEN NAME Mary Evans
14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -----
17. INFORMANT Mrs. Frank Klever, R.#1, Hannibal, Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senile dementia
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 24, 1960, to June 26, 1960 and last saw him alive on June 25, 1960
Death occurred at 10:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) MD
22b. ADDRESS Palmyra Mo
22c. DATE SIGNED 6/29/60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 6/29/60
23c. NAME OF CEMETERY OR CREMATORY Hydesburg Cemetery
23d. LOCATION (City, town, or county) Ralls County, Missouri (State)

24. FUNERAL DIRECTOR Jack Schwartz — ADDRESS Hannibal, Mo.
25. DATE RECD. BY LOCAL REG. 7-2-60
26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke By Viola Geer, Deputy

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack Schwartz

Licensed Embalmer No. 4900

P. O. Address Hannib

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.