

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 26 1953

State File No. 36553

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>3044</u>		Registrar's No. <u>471</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u>		d. STREET ADDRESS (If rural, give location) <u>509 S. Grand</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Billy Jean</u> b. (Middle) <u>Brady</u> c. (Last) <u>Brady</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>October 14, 1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Mar. 9, 1938</u>	
9. AGE (In years) <u>16</u>		10. MONTHS <u>16</u>		11. BIRTHPLACE (State or foreign country) <u>California, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>James A. Brady</u>		13b. MOTHER'S MAIDEN NAME <u>Stella Deuel</u>	
13c. NAME OF HUSBAND OR WIFE <u>None</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		15. SOCIAL SECURITY NO. <u>495-36-0986</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. A. Brady</u>	
15. ADDRESS <u>Eldon, Mo.</u>		18. CAUSE OF DEATH Enter only concisely per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u> ANTECEDENT CAUSES <u>Brain Injury</u> <u>22 Caliber bullet</u> DUE TO (b) <u>Brain Injury</u> DUE TO (c) <u>22 Caliber bullet</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u> <u>15 minutes</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Morgan</u> <u>071</u> <u>Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) <u>Oct. 13 1953</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Accidentally shot</u>		22. I hereby certify that I attended the deceased from <u>10</u> to <u>12:10A</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10</u> , 19 <u>53</u> , and that death occurred at <u>12:10A</u> m., from the causes and on the date stated above.		23a. SIGNATURE (Signature or title) <u>L. S. Humphrey, D.O. Coroner</u>	
23b. ADDRESS <u>Wassumia, Mo.</u>		23c. DATE SIGNED <u>10-17-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 16, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>California</u>		24d. LOCATION (City, town, or county) (State) <u>California, Missouri</u>		25. DATE REC'D BY LOCAL REG. <u>Oct. 17-1953</u>		25. REGISTRAR'S SIGNATURE <u>Alvina W. Walters</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar</u>		25. ADDRESS <u>Edgar</u>		25. DATE <u>10-17-53</u>		25. SIGNATURE <u>Edgar</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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_____

Louis D. Phillips

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Louis D. Phillips
Licensed Embalmer No. 3663

P. O. Address Eldon

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 this body is not embalmed, fact should be so stated above.