

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027875

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 312

Primary Registration District No. 3044

Registrar's No. 33

FILED JUL 24 1962

VS 300  
Rev. 4/59

1 0661

2 0661

3 2

4 0

5 1

6

7 0

8 2

9 144X

10

11

12 90-2

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Miller

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Eldon

Length of stay in 1b  
yearsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

6th &amp; Grand

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Miller

c. CITY  
OR TOWN

Eldon

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

6th &amp; Grand

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

James

Allen

Brady

4. DATE  
OF DEATH

Month July

Day 7

Year 1962

5. SEX  
male6. COLOR OR RACE  
caucasian7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
7/16/889. AGE (last birthday)  
73IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Machinist

10b. KIND OF BUSINESS OR INDUSTRY  
self11. BIRTHPLACE (City and state or country)  
Moniteau Co., Missouri12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

John Brady

13b. MOTHER'S MAIDEN NAME

Lucy Britton

14. NAME OF HUSBAND OR WIFE

Stella Brady

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.

488-38-4465

17. INFORMANT

Mrs. Stella Brady

Address

Eldon, 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)

Epidermoid Carcinoma of mouth  
Extensive metastasisConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN  
ONSET AND DEATH

18 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. 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 March-1961 to 7/7/62 and last saw him alive on 7/6/62  
Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Degree or title

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

burial

23b. DATE

7/9/62

23c. NAME OF CEMETERY OR CREMATORY

California

23d. LOCATION (City, town, or county)

California, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Phillips Funeral Home, Eldon, Mo.

25. DATE RECD. BY LOCAL REG.

July 9, 1962

26. REGISTRAR'S SIGNATURE

Edw. Veretta Waltz

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JUL 25 1962

### 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 Dem E. Phillips

Licensed Embalmer No. 5108

P. O. Address Edalen

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.