

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **27265**

No. 300
10.48
FILED AUG 29 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>96</u>	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. LENGTH OF STAY (In this place) 24 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION 406 So. Main St.				d. STREET ADDRESS (If rural, give location) 406 So. Main St.			
3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Elizabeth c. (Last) O'Brien			4. DATE OF DEATH (Month) (Day) (Year) Aug. 13 1949				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 2 1870	
				9. AGE (In years) (last birthday) 78		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Hamlin Co. Tenn		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME William Riddle			13b. MOTHER'S MAIDEN NAME Cecelia Ann Climer		14. NAME OF HUSBAND OR WIFE Walter O'Brien		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna O'Brien Warrensburg Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction DUE TO (c) Sprian					INTERVAL BETWEEN ONSET AND DEATH 15 min 29 1/2 44 1/2
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 12, 1949</u> to <u>Aug 13, 1949</u> , that I last saw the deceased alive on <u>Aug 13, 1949</u> , and that death occurred at <u>8:00 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>[Signature]</i>				23b. ADDRESS Warrensburg MO		23c. DATE SIGNED Aug 15, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 16 1949	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg Mo.		
DATE REC'D BY LOCAL REG. Aug. 20, 1949		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips Warrensburg Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed J Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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 this body is not embalmed, fact should be so stated above.