

STANDARD CERTIFICATE OF DEATH

State File No.

396

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 572

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield
c. LENGTH OF STAY (In this place) 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Greene
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 0396
d. STREET ADDRESS (If rural, give location) 1910 West Elm Street

3. NAME OF DECEASED (Type or Print)
a. (First) EDITH b. (Middle) JANE c. (Last) O'BRYANT
4. DATE OF DEATH (Month) (Day) (Year) June 20, 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH April 23, 1882 9. AGE (In years last birthday) 68 if UNDER 1 YEAR Months 1 Days 27 if UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home Making 11. BIRTHPLACE (State or foreign country) Republic, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Clarence A. Howell 13b. MOTHER'S MAIDEN NAME Minnie A. White 14. NAME OF HUSBAND OR WIFE William L. O'Bryant

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. None 17. INFORMANT'S SIGNATURE OR NAME William L. O'Bryant ADDRESS Springfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 month
ANTECEDENT CAUSES DUE TO (b) arteriosclerosis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Colloid goitre 4201 years

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June 1, 1950, to June 20, 1950, that I last saw the deceased alive on June 19, 1950, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. L. O'Bryant M.D. M.D. 23b. ADDRESS Medical Arts Bldg., Springfield, Missouri 23c. DATE SIGNED 6/20/1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 6-22-50 24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery 24d. LOCATION (City, town, or county) (State) Republic, Missouri

DATE REC'D BY LOCAL REG. 6-21-50 REGISTRAR'S SIGNATURE W. L. O'Bryant 25. FUNERAL DIRECTOR'S SIGNATURE W. L. O'Bryant ADDRESS Springfield, Mo.

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 4594

P. O. Address.....

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.