

FILED MAR 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8714  
853

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>18 W. 34th</u>	
c. LENGTH OF STAY (in this place) <u>35 Yrs</u>		b. COUNTY <u>Jackson</u>		3478 3476			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp. #1</u>				d. STREET ADDRESS (If rural, give location) <u>18 W. 34th</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>LULA</u>		b. (Middle) <u>E.</u>		c. (Last) <u>O'BRIEN</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>10-26-1877</u>		9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Morgan Mason</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>	
14. NAME OF HUSBAND OR WIFE <u>William O'Brien</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr J.W. Myers Kansas City, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a), <u>Pulmonary fibrosis</u>				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, ashenic, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH			
ANTECEDENT CAUSES <u>due to metastatic carcinoma of breast primary</u>				MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last <u>breast primary</u>			
DUE TO (b) <u>breast primary</u>				DUE TO (c) <u>breast primary</u>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				170X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>2-10-</u> , 19 <u>51</u> , to <u>2-24-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-24-</u> , 19 <u>51</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>B.I. Burns</u> (Degree or title) <u>General Hosp. - KCMo</u>	
23b. ADDRESS <u>General Hosp. - KCMo</u>		23c. DATE SIGNED <u>2-24-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 25 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MCCullough Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Triplet, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C.L. Forster</u>		25. ADDRESS <u>Kansas City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-24-51</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C.L. Forster</u>		25. ADDRESS <u>Kansas City, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Law Clark*

Licensed Embalmer No. *4216*

P. O. Address *K. G. 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.