

FILED JAN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3761

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>0</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washburn</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>	
c. LENGTH OF STAY (in this place) <u>21-8-11</u>		d. STREET ADDRESS (If rural, give location) <u>2226 Mullerphy</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARYANNOBRIEN</u>			

3. NAME OF DECEASED (Type or Print) <u>MARYANN O'BRIEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18, 1952</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>F</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>2-16-73</u>	9. AGE (In years if under 1 year last birthday) Months Days <u>78 11 14</u>	IF UNDER 1 YEAR Hours Min.
-----------------	---------------------------	--	---------------------------------	---	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, exact title) <u>domestic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>servant</u>	11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	--	---

13a. FATHER'S NAME <u>Michael O'Brien</u>	13b. MOTHER'S MAIDEN NAME <u>Margaretta Ourdell</u>	14. NAME OF HUSBAND OR WIFE <u>Single</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>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records</u>	ADDRESS
--	----------------------------------	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile deterioration</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Epileptic psychosis</u> DUE TO (c) <u>✓</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>3081</u>	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) (Min.)	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 1-22-1951 to 1-18-52, 1952, that I last saw the deceased alive on 1-18-52, 1952, and that death occurred at 10:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. Hall M.D.</u> (Degree or title)	23b. ADDRESS <u>Neosho Mo</u>	23c. DATE SIGNED <u>1-18-52</u>
---	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-19-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Callaway Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Vernon County Missouri</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>1-25-1952</u>	REGISTRAR'S SIGNATURE <u>Arma E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edinger Funeral Home</u>	ADDRESS <u>Neosho, Mo</u>
---	--	--	---------------------------

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address Nevada, 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.