

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38247**

FILED DEC 15 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>5437</u>		Registrar's No. <u>28</u>			
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bourbois Twp.</u>		c. LENGTH OF STAY (In this place) <u>2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bourbois Twp.</u>		1370			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bland, Mo. Route 1</u>				d. STREET ADDRESS (If rural, give location) <u>Bland, Mo. Route 1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Coleman</u> b. (Middle) <u>Ray</u> c. (Last) <u>O'Bryan</u>			4. DATE OF DEATH <u>Oct. 2, 1952</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 30, 1902</u>		9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Foreman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Engineers</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Arrow Rock, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William F. O'Bryan</u>			13b. MOTHER'S MAIDEN NAME <u>Effie M. Karrick</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Karrick O'Bryan</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>505-26-4352</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie O'Bryan</u>				ADDRESS <u>Bland, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>  </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>						INTERVAL BETWEEN ONSET AND DEATH <u>  </u>	
19a. DATE OF OPERATION <u>  </u>		19b. MAJOR FINDINGS OF OPERATION: <u>  </u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>  </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>  </u>		444X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>  </u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>  </u>					
22. I hereby certify that I attended the deceased from <u>Jan 4 1947</u> to <u>10-2, 1952</u> that I last saw the deceased alive on <u>Sept 23 1952</u> and that death occurred at <u>5:30 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. R. Bunn</u>				23b. ADDRESS <u>Bland, Mo</u>		23c. DATE SIGNED <u>10-3-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-4-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bland, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10/6/1952</u>		REGISTRAR'S SIGNATURE <u>Norothy Wallace</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael H H Winter</u>		ADDRESS <u>BURNSVILLE</u>			

DEC 15 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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wesley H H White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.