

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16402

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 62

0492

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE NO PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>	
c. LENGTH OF STAY (In this place) <u>42 Years</u>		d. STREET ADDRESS (If rural, give location) <u>411 N. Pennsylvania</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>411 N. Pennsylvania</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Kathryn</u> b. (Middle) _____ c. (Last) <u>O'Brien</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 30, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 30, 1871</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Days <u>2</u> IF UNDER 2 HRS. Hours <u>0</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Keokuk, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Michael Feeney</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE _____	
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr. James A. O'Brien, Franklin, Ky</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 5/20/54, 1954, to 5/30, 1954, that I last saw the deceased alive on 5/30, 1954, and that death occurred at 5:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>George Wright</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>222 S. Webb St. Webb City</u>		23c. DATE SIGNED <u>5-31-54</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-2-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Webb City, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>6-1-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline S. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Johnston-Arnee-Simpson, Webb City, Mo</u>	
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RECEIVED JUN 7 1954  
Jaaper County Health Office  
County File Number 54-6-446  
Date Filed JUN 7 1954

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City,

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.