No. 300
10-48

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

61

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY Audrain 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mexico
c. LENGTH OF STAY (in this place) 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Audrain Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Audrain
c. CITY OR TOWN Mexico
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location) 604 S. Western Ave 0043 0

3. NAME OF DECEASED (Type or Print)
a. (First) EDWARD
b. (Middle) MICHAEL
c. (Last) O'BRIEN

4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 55

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 30, 1884
9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John O'Brien
13b. MOTHER'S MAIDEN NAME Harriett Savingnac
14. NAME OF HUSBAND OR WIFE Mary H. O'Brien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-32-3955
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edard M. O'Brien, mexico, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of prostate — 2 years

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 177X
20. AUTOPSY? YES ☐ NO ☒

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) m.
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* 1-26, 1955, *to* 1-30, 1955, *that I last saw the deceased alive on* 1-30, 1955, *and that death occurred at* 12 o'clock *m., from the causes and on the date stated above.*

23a. SIGNATURE C L Garcia OMD (Degree or title)
23b. ADDRESS Mexico Mo
23c. DATE SIGNED 1-31-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 3, 55
24c. NAME OF CEMETERY OR CREMATORY St. Brendan
24d. LOCATION (City, town, or county) (State) Mexico, Mo.

DATE REC'D BY LOCAL REG. Feb 3-1955
REGISTRAR'S SIGNATURE Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE Carl E Prudo ADDRESS Mexico, Mo.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Earl E Pruitt

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.