

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16914
STATE FILE NUMBER

FILED MAY 28 1956

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. #48

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		Inside Limits Year <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Higginsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital			Length of stay in 1b 2 days		d. STREET ADDRESS 2605 Shelby		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) MARGARET B. O'BRIENT				4. DATE OF DEATH Month May Day 10 Year 1956			
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1, 1894		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 5 Days 10 Hours Min. 	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and state or country) Aullville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Rasmus Brown				14. MOTHER'S MAIDEN NAME Martha ?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-07-2580		17. INFORMANT Mrs. Ida Gibbs		Address Stowe, Vt.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetic Coma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). Bronchogenic Ca. Left Lung & extensive Liver metastases							INTERVAL BETWEEN ONSET AND DEATH 7 1/2 hours not known
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 260xH				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 4-7-56 to 5-10-56 and last saw her/him alive on 5-10-56 . Death occurred at 2:25 AM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Hilber E. Hulberson M.D.				22b. ADDRESS Higginsville Mo.		22c. DATE SIGNED 5-22-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 13, 1956	23c. NAME OF CEMETERY OR CREMATORY Mt. Muncie Cemetery		23d. LOCATION (City, town, or county) (State) Higginsville, Missouri		
24. FUNERAL DIRECTOR G. J. Hader		ADDRESS Higginsville, Mo.		25. DATE RECD. BY LOCAL REG. 5-24-56		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DISTRICT OF COLUMBIA
 OFFICE OF THE ATTORNEY GENERAL
 1000 PENNSYLVANIA AVENUE, N.W.
 WASHINGTON, D.C. 20540
 (202) 452-2000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
 by me, or by _____, Student Embalmer No. _____
 working under my personal supervision..

Student _____
 Signature of Student Embalmer

Signed *Wm. L. Thurman* _____
 Licensed Embalmer No. *45*

P. O. Address *Richmond,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
 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.