

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21441**

FILED JUL 16 1956

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **273**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia	c. LENGTH OF STAY (in this place) 20 yrs	c. CITY OR TOWN Sedalia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 231 South Grand		e. STREET ADDRESS (If rural, give location) 231 South Grand 0870	

3. NAME OF DECEASED a. (First) KATHERINE b. (Middle) _____ c. (Last) O'Brien		4. DATE OF DEATH (Month) (Day) (Year) July 6, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) widowed	8. DATE OF BIRTH July 10 1865 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Syracuse Mo
13a. FATHER'S NAME Michael Sullivan		13b. MOTHER'S MAIDEN NAME Honora (Unknown)	
14. NAME OF HUSBAND OR WIFE Malachi O'Brien		12. CITIZEN OF WHAT COUNTRY? U S A	

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. none	17. INFORMANT'S SIGNATURE OR NAME Malachi O'Brien	ADDRESS Sedalia
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) Senility		
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"/>
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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) 4221
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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?
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22. I hereby certify that I attended the deceased from **10¹⁵ to July 6, 1956**, that I last saw the deceased alive on **July 6, 1956**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE A. L. Walter MD	(Degree or title)	23b. ADDRESS Sedalia Mo	23c. DATE SIGNED July 9-1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-9-56	24c. NAME OF CEMETERY OR CREMATORY Springfork cem Springfork Mo	24d. LOCATION (City, town, or county) (State) Mo
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DATE REC'D BY LOCAL REG. 7-9-56	REGISTRAR'S SIGNATURE Thoma Cooney	FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros	ADDRESS Sedalia
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(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3153

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.