

FILED MAR 25 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 64

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wabash Employes' Hospital			Length of stay in lb 16 days		d. STREET ADDRESS (If outside, give location) 109 S. Fourth		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) FRANK THOMAS O'BRIEN				4. DATE OF DEATH March 13, 1957											
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 20, 1876		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Hlpr. (Retired)				10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Co.		11. BIRTHPLACE (City and state or country) Va /				12. CITIZEN OF WHAT COUNTRY? U. S. A.					
13. FATHER'S NAME John O'Brien						14. MOTHER'S MAIDEN NAME No data									
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.		17. INFORMANT Address James Mansfield, Moberly, Mo.									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Failure DUE TO (b) Pulmonary Oedema DUE TO (c) Cardiac Decompensation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)												INTERVAL BETWEEN ONSET AND DEATH Immediate Days (?) Months(?)			
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.) 4343											
20c. TIME OF INJURY Hour a. m. p. m. 11:45 A.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 Feb. 25, 1957 to Mar. 13, 1957 and last saw her alive on Mar. 13, 1957 Death occurred at 11:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE L. K. McMURTRY, M.D., Surgeon in Charge						22b. ADDRESS Wabash Employes' Hospital, Moberly, Missouri				22c. DATE SIGNED 3/14/57					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE 3-15th-57		23c. NAME OF CEMETERY OR CREMATORY Oakland				23d. LOCATION (City, town, or county) (State) Moberly, Mo.					
24. FUNERAL DIRECTOR ADDRESS Mahan and Son, Moberly, Mo.						25. DATE RECD. BY LOCAL REG. 3-15-57				26. REGISTRAR'S SIGNATURE Leah Blaine					

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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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BAR-29 1967

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 *Raymond G. Stoen*
Licensed Embalmer No. 426

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