

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-013127
STATE FILE NUMBER

FILED APR 24 1958

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 85-

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain 0043	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mexico Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		Length of stay in lb 5 yrs	d. STREET ADDRESS (If outside, give location) 319 W. Central Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle P. Ob Last OBrien			4. DATE OF DEATH Month April Day 19 Year 1958
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 1, 1888
9. AGE (In years at birth) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Judge		10b. KIND OF BUSINESS OR INDUSTRY County Court	11. BIRTHPLACE (City and state or country) Audrain Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Michael OBrien	
13b. MOTHER'S MAIDEN NAME Annie Murphy		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) No		16. SOCIAL SECURITY NO. 487-40-9827	17. INFORMANT Miss Mary OBrien, Mexico, Mo. Address
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 Posterior Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 4-10-58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Coronary Insufficiency			2 days
DUE TO (c) Left Bundle Branch Block			1950
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) X	
20c. TIME OF INJURY Hour <input checked="" type="checkbox"/> Month, Day, Year a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/>			
20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	
20f. CITY, TOWN, OR LOCATION X		COUNTY	STATE
21. I attended the deceased from 4-10-58 to 4-19-58 and last saw him alive on 4-18-58 Death occurred at 4-19-58 8:49 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Mary F O'Brien M.D. 0		22b. ADDRESS Mexico, Missouri	22c. DATE SIGNED 4-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 21, 58	23c. NAME OF CEMETERY OR CREMATORY St. Brendans	23d. LOCATION (City, town, or county) (State) Mexico, Mo.
24. FUNERAL DIRECTOR Precht-Hueston		ADDRESS Mexico, Mo.	25. DATE RECD. BY LOCAL REG. April 19-1958
		26. REGISTRAR'S SIGNATURE Blanche Neely	

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1958
MAY 9
APR 30 1958

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 *Earl F. Pugh*

Licensed Embalmer No. *3189*
P. O. Address *Mexico 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.