

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017746

STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 26

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1060

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 17 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
1. PLACE OF DEATH a. COUNTY Taney		a. STATE Missouri b. COUNTY Taney	
b. CITY (If outside corporate limits, give TOWNSHIP only) Branson		Length of stay in lb OR TOWN 12 years	c. CITY OR TOWN Branson
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) N. Highway 65
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM X.O'BRIEN			4. DATE OF DEATH Month Day Year Apr 11 13, 1962
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 May 16, 1877
9. AGE (last birthday) 84	IF UNDER 1 YEAR Month Day 10 27	IF UNDER 24 HR Hours Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY farmer	11. BIRTHPLACE (City and state or country) Kansas
12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Joseph O'BRIEN		13b. MOTHER'S MAIDEN NAME Sarah O'Brien	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs A.G. Ross Branson, 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) Miscellaneous Infection. DUE TO (b) arteriosclerosis. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
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 <u>7/18/58</u> to <u>4/13/62</u> and last saw him alive on <u>4/13/62</u> . Death occurred at <u>7:30 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ray Gillispie M.D.		22b. ADDRESS Branson	22c. DATE SIGNED 4/19/62
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 4-13-62	23c. NAME OF CEMETERY OR CREMATORY Jane Cemetery	23d. LOCATION (City, town, or county) Jane, Mo
24. FUNERAL DIRECTOR ADDRESS Walter Cobb Branson, Mo		25. DATE RECD. BY LOCAL REG. 4-14-62	26. REGISTRAR'S SIGNATURE Debra Campbell

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.

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 _____ Signed Walter Cole
 Signature of Student Embalmer

Licensed Embalmer No. 4731

P. O. Address Blair, 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.