

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025903

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 1576

DO NOT WRITE ON THIS STUB

AMENDED

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| FILED JUL 24 1962  |  |
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>Audrain</b><br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b> Length of stay in lb <b>69 yrs.</b><br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Hospital</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Audrain</b><br>c. CITY OR TOWN <b>Mexico</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>d. STREET ADDRESS (If outside, give location) <b>604 S. Western</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>3. NAME OF DECEASED</b> (Type or print) First <b>MARY</b> Middle <b>H. O'BRIEN</b> Last <b></b>   |  |
| <b>4. DATE OF DEATH</b> Month <b>July</b> Day <b>12</b> Year <b>62</b>   |  |
| <b>5. SEX</b><br>Female  | <b>6. COLOR OR RACE</b><br>White   |
| <b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>   | <b>8. DATE OF BIRTH</b> <b>Jan. 13, 93</b>   |
| <b>9. AGE</b> (last birthday) <b>69 yrs.</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.   |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br>Housekeeper  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br>Own Home   |
| <b>11. BIRTHPLACE</b> (City and state or country)<br>Mexico, Mo.   | <b>12. CITIZEN OF WHAT COUNTRY</b><br>U.S.A.   |
| <b>13a. FATHER'S NAME</b><br>Michael Franey  | <b>13b. MOTHER'S MAIDEN NAME</b><br>Catherine McHuire  |
| <b>14. NAME OF HUSBAND OR WIFE</b><br>Mrs. Ralph Budd, Mexico, Mo.   |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br>No  | <b>16. SOCIAL SECURITY NO.</b><br>None   |
| <b>17. INFORMANT</b> Address<br>Mrs. Ralph Budd, Mexico, Mo.   |  |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i><br>DUE TO (b) <i>Cardiovascular Hypertension</i><br>DUE TO (c) <i>10 yrs</i><br>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 (a).<br><i>Cholelithiasis</i>  |  |
| PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   |  |
| <b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>   | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>   |
| <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)  |  |
| <b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year   |  |
| <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)  |
| <b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE   |  |
| <b>21. I attended the deceased from</b> <u>6-7-62</u> to <u>7-12-62</u> and last saw her alive on <u>7-12-62</u><br>Death occurred at <u>1:07 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |
| <b>22a. SIGNATURE</b> (Degree or title)<br><i>H. S. Hueston</i>  | <b>22b. ADDRESS</b><br>Mexico, Mo.   |
| <b>22c. DATE SIGNED</b><br>7-13-62   |  |
| <b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br>Burial   | <b>23b. DATE</b><br>July 14, 62  |
| <b>23c. NAME OF CEMETERY OR CREMATORY</b><br>St. Bredan  | <b>23d. LOCATION</b> (City, town, or county) (State)<br>Mexico, Mo.  |
| <b>24. FUNERAL DIRECTOR</b> ADDRESS<br>Precht-Hueston, Mexico, Mo.   | <b>25. DATE RECD. BY LOCAL REG.</b><br>July 14 - 1962  |
| <b>26. REGISTRAR'S SIGNATURE</b><br>Blanche Neely  |  |

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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 Ralph L. Hueston Jr.

Licensed Embalmer No. 71687

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.