

FILED MAY 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16510

5-8
1
2

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 3038		Registrar's No. 174	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (In this place) <u>5 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Brookfield Hospital</u>				d. STREET ADDRESS (If rural give location) <u>402 Macon</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle)		c. (Last) <u>O'Boyle</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>10</u>		(Year) <u>1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>May 28 1877</u>		9. AGE (In years last birthday) <u>71</u> <u>11</u> <u>12</u> <u>13</u> <u>14</u> <u>15</u> <u>16</u> <u>17</u> <u>18</u> <u>19</u> <u>20</u> <u>21</u> <u>22</u> <u>23</u> <u>24</u> <u>25</u> <u>26</u> <u>27</u> <u>28</u> <u>29</u> <u>30</u> <u>31</u> <u>32</u> <u>33</u> <u>34</u> <u>35</u> <u>36</u> <u>37</u> <u>38</u> <u>39</u> <u>40</u> <u>41</u> <u>42</u> <u>43</u> <u>44</u> <u>45</u> <u>46</u> <u>47</u> <u>48</u> <u>49</u> <u>50</u> <u>51</u> <u>52</u> <u>53</u> <u>54</u> <u>55</u> <u>56</u> <u>57</u> <u>58</u> <u>59</u> <u>60</u> <u>61</u> <u>62</u> <u>63</u> <u>64</u> <u>65</u> <u>66</u> <u>67</u> <u>68</u> <u>69</u> <u>70</u> <u>71</u> <u>72</u> <u>73</u> <u>74</u> <u>75</u> <u>76</u> <u>77</u> <u>78</u> <u>79</u> <u>80</u> <u>81</u> <u>82</u> <u>83</u> <u>84</u> <u>85</u> <u>86</u> <u>87</u> <u>88</u> <u>89</u> <u>90</u> <u>91</u> <u>92</u> <u>93</u> <u>94</u> <u>95</u> <u>96</u> <u>97</u> <u>98</u> <u>99</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Lady</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Brookfield</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>John O'Boyle</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Shanahan</u>		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Celia Schrock</u>		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Heart Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>110X</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 5 1948</u> to <u>May 10 1949</u> , that I last saw the deceased alive on <u>May 10 1949</u> , and that death occurred at <u>3:10 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Roy R. Naley M.D.</u>				23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>May 15 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>St. Michael</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 14 49</u>		REGISTRAR'S SIGNATURE <u>H. B. Crain</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bowden Funeral Home</u>		ADDRESS <u>Brookfield</u>	

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.

Signed.....
Student Embalmer

Signed

Jamer B. McClard

Licensed Embalmer No. 4230

P. O. Address Brookfield, 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 this body is not embalmed, fact should be so stated above.