

No. 300  
10. 48

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26096

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>103 E. Broadway</b>		d. STREET ADDRESS (If rural, give location) <b>103 E. Broadway</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARENCE</b> b. (Middle) <b>LEONARD</b> c. (Last) <b>O'BRYAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 6, 1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 8, 1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chiropractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	9. AGE (In years last birthday) <b>65</b> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
11a. FATHER'S NAME <b>Clarence O'Bryan</b>		11b. MOTHER'S MAIDEN NAME <b>Mary Kurtz</b>	11. BIRTHPLACE (State or foreign country) <b>Grayson County, Texas</b>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		12b. SOCIAL SECURITY NO. <b>None</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		14. NAME OF HUSBAND OR WIFE <b>Beatrice W. Terrill O'Bryan</b>	
18. CAUSE OF DEATH		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dr. Kenneth L. O'Bryan, Columbia, Mo.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Valvular Disease of Heart</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bright's Disease</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 <b>Mar 1st 1947</b> , to <b>Aug 6th 1949</b> , that I last saw the deceased alive on <b>Aug 6, 1949</b> , and that death occurred at <b>9 P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Lloyd Simpson M.D.</b> (Degree or title)		23b. ADDRESS <b>1906 Cherry St</b>	23c. DATE SIGNED <b>Aug 6-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 9, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Columbia Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Columbia, Mo.</b>
DATE REC'D BY LOCAL REG. <b>August 8 49</b>	REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer 31</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Parker Funeral Service, Columbia, Mo.</b>	

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

District File Number \_\_\_\_\_  
District Health Officer No. 9,  
RECEIVED  
AUG 16 1949

AUG 22 1949

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 .....  
Student Embalmer

Signed *M. V. Whitesides* \_\_\_\_\_

Licensed Embalmer No. *3893* \_\_\_\_\_

P. O. Address *Columbia 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.