

No. 300
10. 48

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31072

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 334

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion | |
| b. CITY (If outside corporate limits, write RURAL and give township) Hannibal | | c. CITY (If outside corporate limits, write RURAL and give township) Hannibal | |
| c. LENGTH OF STAY (In this place) 1 week | | d. STREET ADDRESS (If rural, give location) 510 Walnut St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital | | | |

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|-------------------------------------|-------------------------|-------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) ZELLA | b. (Middle) | c. (Last) O'BRIAN | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1949 |
|-------------------------------------|-------------------------|-------------|--------------------------|---|

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|----------------------|-------------------------------|---|---------------------------------------|---|---------------------|-------------------|--------------------|-------------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH July 15, 1861 | 9. AGE (In years last birthday) 88 | 10. MONTHS 8 | 11. DAYS 8 | 12. HOURS 8 | 13. MIN. 8 |
|----------------------|-------------------------------|---|---------------------------------------|---|---------------------|-------------------|--------------------|-------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Ralls county, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Enis Roland | 13b. MOTHER'S MAIDEN NAME -----Alexander | 14. NAME OF HUSBAND OR WIFE J. L. O'Brian |
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| 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. ---- | 17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Hannibal, Mo. Mrs. Ursa Kirtright, 502 N. 8th St. |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Cerebral arteriosclerosis DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Laceration left thigh | | 331X | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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|--|--|----------------------------|
| 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 **June 4, 1949**, to **Sept 26, 1949**, that I last saw the deceased alive on **26 Sept, 1949**, and that death occurred at **5:05 p.m.**, from the causes and on the date stated above.

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|---|---------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title) McF. Blair M.D. | 23b. ADDRESS Hannibal Mo | 23c. DATE SIGNED Sept 29/49 |
|---|---------------------------------|------------------------------------|

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|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 9/28/49 | 24c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery | 24d. LOCATION (City, town, or county) (State) Center, Missouri |
|---|--------------------------|---|---|

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|---|---|--|------------------------------|
| DATE REC'D BY LOCAL REG. 9-29-49 | REGISTRAR'S SIGNATURE Dr. E. M. Ludeke by McF. Blair | 25. FUNERAL DIRECTOR'S SIGNATURE Kathryn A. Schowtz | ADDRESS Hannibal, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 7 1949
MARION CO. HEALTH DEPT.
DATE FILED OCT 7 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

Paul Richard Brown

Licensed Embalmer No. _____

4324

P. O. Address _____

Hannibal

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.