

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36057

State File No.

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 4513 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Green Castle</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Green Castle</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>No street address</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home in Green Castle</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u> b. (Middle) _____ c. (Last) <u>Obell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 28, 1873</u>	9. AGE (In years less birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm home</u>	11. BIRTHPLACE (State or foreign country) <u>Sullivan Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Walker</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Rider</u>	14. NAME OF HUSBAND OR WIFE <u>Daniel Obell</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lulu McDole, Green Castle,</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>None</u>	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) <u>No</u>	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 26, 1949, to Oct 30, 1949, that I last saw the deceased alive on Oct 30, 1949, and that death occurred at 2 PM m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. Garrison MD</u>	(If free or title)	23b. ADDRESS <u>Younger MO</u>	23c. DATE SIGNED <u>Nov 1 - 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 2, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Castle Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Green Castle, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 2, 1949</u>	REGISTRAR'S SIGNATURE <u>Laura Catlett 415</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Bent & Son</u>	ADDRESS <u>Green City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED NOV 8 1949
District Health Officer No. 10
District File Number 11-49-180
NOV 8 1949
Date Filed _____

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 Earl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.