

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2214

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Farmington</u> OR <u>RURAL</u>		c. LENGTH OF STAY (in this place) <u>11 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>1010</u> OR <u>Town Teresita</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Missouri State Hospital No.4</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LYDIA</u>		b. (Middle)		c. (Last) <u>O'BRIEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 6, 1950.</u>	
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>Sept. 8, 1862</u>	
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>28</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
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		11. BIRTHPLACE (State or foreign country) <u>Clay County, Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Richard Butler</u>		13b. MOTHER'S MAIDEN NAME <u>Margrette Babber</u>	
14. NAME OF HUSBAND OR WIFE <u>John C. O'Brien</u>				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>Records State Hospital No.4, Farmington, Mo.</u>				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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesentery metastasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>abt. 2 mos.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of head of pancreas</u>				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						157X	
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)		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>Nov. 1, 1946</u> to <u>Jan. 6, 1950</u> , that I last saw the deceased alive on <u>Jan. 6, 1950</u> , and that death occurred at <u>4:44 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John C. O'Brien M.D.</u>				23b. ADDRESS <u>State Hospital No.4, Farmington, Mo.</u>		23c. DATE SIGNED <u>1-9-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 10, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mountain View Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mountain View, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 9, 1950</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>289</u>		ADDRESS <u>Duncan Funeral Home, Mountain View, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 23 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150-113

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 K. Dyer

Licensed Embalmer No. 4129

P. O. Address Farmington, N.H.

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.