

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

7474
 State File No.

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 8000 Registrar's No. 54

0013
 1

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

1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>7 HRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Laconter</u>		OR TOWN <u>0980</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>1</u>		
3. NAME OF DECEASED: a. (First) <u>EVERETT (WILLIAM)</u> b. (Middle) <u>O'BRIANT</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 10 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 11, 1876</u>		9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Schuyler County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>H. H. O'BRIANT</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Gosser</u>	14. NAME OF HUSBAND OR WIFE <u>Florence O'Briant</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>309-10-3128</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS EVERETT O'BRIANT LANCASTER 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	II. OTHER SIGNIFICANT CONDITIONS— Conditions contributing to the death but not related to the disease or condition causing death.				<u>4201</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)		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>3-9, 1950</u> , to <u>3-10, 1950</u> , that I last saw the deceased alive on <u>3-9, 1950</u> , and that death occurred at <u>5:45 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>[Signature]</u>			23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>3-10-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Mar 13, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>200 E. [unclear]</u>		24d. LOCATION (City, town, or county) (State) <u>Laconter Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-10-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Everett B. Head Laconter Mo</u>	

APR 11 1950

DEC 14 1954

RECEIVED MAR 20 1950
District Health Officer No. 10
District File Number 3-50-46
Date Filed MAR 20 1950

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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.