

FILED MAY 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 14189

883
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u> <u>5883</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1003 No Ault</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lonie</u> b. (Middle) <u>Brygg</u> c. (Last) <u>O'BRYAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>21</u> <u>'50</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 15 1896</u>
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>6</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Messenger</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RR Express</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Milton O'Bryan</u>		13b. MOTHER'S MAIDEN NAME <u>Katie Young</u>	
14. NAME OF HUSBAND OR WIFE <u>Clara</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes. World War I</u>		16. SOCIAL SECURITY NO. <u>491-07-0438</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lonie B O'Bryan</u>		ADDRESS <u>Moberly</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE HEART ATTACK, (Angina)</u> INTERVAL BETWEEN ONSET AND DEATH <u>3-5 min</u> ANTECEDENT CAUSES DUE TO (b) <u>Unknown</u> DUE TO (c) <u>Unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>461X</u>	
19a. DATE OF OPERATION <u>April 19 '50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hemorrhoids - Hemorrhoidectomy</u>	
20. AUTOPSY? YES <input checked="" 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)		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>March 25, 1950</u> to <u>April 21, 1950</u> , that I last saw the deceased alive on <u>April 20, 1950</u> , and that death occurred at <u>6 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Henry M. Barber D.M.A.</u>		23b. ADDRESS <u>WABASH EMPLOYEES HOSPITAL</u>	
23c. DATE SIGNED <u>April 21 '50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April 24 '50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr 24 - 50</u>		REGISTRAR'S SIGNATURE <u>Emilio J. Jones</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son</u>		ADDRESS <u>Moberly Mo</u>	

MAY 5 1958

RECEIVED MAY 1 1958
District Health Officer No. 1

District File Number.....

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 *Frank D De Walt*

Licensed Embalmer No. 3121

P. O. Address Moberly 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.