

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1872

BIRTH NO. 124		REG. DIST. NO. 215		PRIMARY REG. DIST. NO. 4327		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Miller			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Iberia				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Iberia 0669			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Harold		b. (Middle) I.		c. (Last) O'Byrne	
4. DATE OF DEATH		Jan. 22, 1951		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married		8. DATE OF BIRTH April 21, 1898		9. AGE (In years last birthday) 52		10. UNDER 1 YEAR 9 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teacher		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Lula de Groff		14. NAME OF HUSBAND OR WIFE Olive O'Byrne			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 493-10-8744		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Olive O'Byrne Iberia, Missouri			
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Immedia 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (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 Jan. 22, 1951, to Jan. 22, 1951, that I last saw the deceased alive on Jan. 21, 1951, and that death occurred at 6:15 a.m., from the causes and on the date stated above.							
23a. SIGNATURE M. A. Gould (Degree or title) D.O. 2				23b. ADDRESS Iberia, Mo.		23c. DATE SIGNED 1/22/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1/23/51		24c. NAME OF CEMETERY OR CREMATORY Mittleberger Funeral Home, Webster Groves, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. Jan. 29, 1951		REGISTRAR'S SIGNATURE Jessi Perkins 195		25. FUNERAL DIRECTOR'S SIGNATURE Walter F. Hedges		ADDRESS Iberia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 5 1951
MILLER COUNTY HEALTH
DEPARTMENT

APR 5 1951

MAY 7 1951

JAN 27 1951

FEB 7 1951

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 _____

Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.