

FILED MAY 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

050
State File No. 17190

560
1

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

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5661 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Highland</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Highland-Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Durham, west 2 miles</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>D.</u> c. (Last) <u>O'Brien</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 - 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Mar. 6, 1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working hours. If retired, <u>Retiring</u>)		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Durham, Mo.</u>
13a. FATHER'S NAME <u>John O'Brien</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Sheedy</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE AND NAME <u>Mamie Ferguson La Grange</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CANCER COLON</u> ANTECEDENT CAUSES A. Forbid 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153X</u>	
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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>May 1, 1951</u> , to <u>May 14, 1951</u> , that I last saw the deceased alive on <u>MAY 13, 1951</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. F. ELLen M.D.</u>		23b. ADDRESS <u>La Grange Mo</u>	
23c. DATE SIGNED <u>5/16/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 17 51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>QUEEN OF PEACE</u>		24d. LOCATION (City, town, or county) (State) <u>EWING, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>5/18/51</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u>		ADDRESS <u>EWING, MO.</u>	

MAY 21 1957

MAY 23 1957

Date Received: MAY 23 1957
DISTRICT HEALTH OFFICE #2
District File Number 5-57-977
Date Filed: MAY 24 1957

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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.