

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19635**

FILED JUL 6 - 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **3011** Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carrollton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carrollton</b>	
c. LENGTH OF STAY (In this place) <b>63</b> Years		d. STREET ADDRESS (If rural, give location) <b>0171</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jeremiah</b> b. (Middle) <b>OBryan</b> c. (Last) <b>OBryan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 18, 1951</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 13, 1876</b>	9. AGE (In years last birthday) <b>75</b>	10. MONTHS <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Building &amp; Roofing Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>White Plain, N.Y.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>William OBryan</b>		13b. MOTHER'S MAIDEN NAME <b>Kate (Unknown)</b>	
14. NAME OF HUSBAND OR WIFE <b>Hattie Ashford OBryan</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Estus OBryan</b>		ADDRESS <b>Carrollton, MO.</b>			

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) <b>over use of pharmaceuticals</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>		
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.				

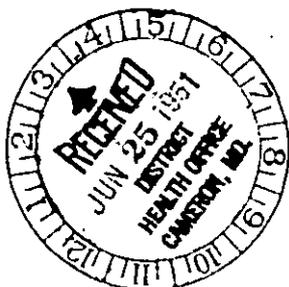
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Carrollton, Carroll</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **June 18, 1951** to **June 19, 1951** that I last saw the deceased alive on **June 19, 1951** and that death occurred at **2:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. Hamilton</b>	(Degree or title)	23b. ADDRESS <b>Carrollton, Mo.</b>	23c. DATE SIGNED <b>June 20</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 21, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Carrollton, Missouri</b>

DATE REC'D BY LOCAL REG. <b>6/22/51</b>	REGISTRAR'S SIGNATURE <b>Thos Herbert</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>45</b>	ADDRESS <b>Marshall Funeral Home Carrollton</b>
-----------------------------------------	-------------------------------------------	--------------------------------------------	-------------------------------------------------

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



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

*P. M. Marshall*

Licensed Embalmer No.

*25257*

P. O. Address

*Carrollton, Md.*

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.