

FILED JUL 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22846

0422  
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BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>108</u>					
1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived, with institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>		c. LENGTH OF STAY (in this place) <u>7 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>		<u>0422</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WETZEL</u>				d. STREET ADDRESS (If rural, give location) <u>922 N 3RD.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRGINIA</u>			b. (Middle) <u>BELL</u>		c. (Last) <u>O'BANION</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 4 51</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>2-19-48</u>		9. AGE (In years last birthday) <u>3</u> IF UNDER 1 YEAR: Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>2</u>		11. BIRTHPLACE (State or foreign country) <u>Osceola Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JOHN W O'BANION</u>			13b. MOTHER'S MAIDEN NAME <u>RUBY ELLIOTT</u>			14. NAME OF HUSBAND OR WIFE <u>—</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John W. O'Banion</u>				ADDRESS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>15% surface of body burned.</u> DUE TO (c) <u>—</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9190 16</u>				19a. DATE OF OPERATION <u>—</u>				19b. MAJOR FINDINGS OF OPERATION <u>—</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clinton Henry MO.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 3 1951 5:15 p.m.</u>					
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>powder explosion - 042</u>				22. I hereby certify that I attended the deceased from <u>July 3, 1951</u> , to <u>July 4, 1951</u> , that I last saw the deceased alive on <u>July 3, 1951</u> , and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. M. J. ...</u>			23b. ADDRESS <u>Clinton</u>			23c. DATE SIGNED <u>July 4 51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-6-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osceola</u>		24d. LOCATION (City, town, or county) (State) <u>Osceola MO</u>					
DATE REC'D BY LOCAL REG <u>July-6-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		422		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. ...</u>			ADDRESS <u>Osceola MO</u>		

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

RECEIVED 7-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 7-17-51 .....

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

*J.B. Gault*

Licensed Embalmer No. 3038

P. O. Address *Greenville, N.C.*

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.