

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

4374

State File No.

FILED MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 5291 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>	
c. LENGTH OF STAY (In this place) <u>2 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>100F. Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IOOF. Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>Lucian</u> c. (Last) <u>O'Bryan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26-52</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>—</u>	8. DATE OF BIRTH <u>Feb. 14-1872</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR <u>0</u> Months <u>12</u> Days	IF UNDER 1 HR. <u>—</u> Hours <u>—</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Collector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13a. FATHER'S NAME <u>J, M. O'Bryan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ballard</u>	
14. NAME OF HUSBAND OR WIFE <u>—</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>State IOOF. Home Records</u>		ADDRESS <u>Liberty Mo.</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>Lobar pneumonia</u> 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. <u>arterio-sclerosis, arthritis, Rheumatoid</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>490X</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) (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 _____, 19 <u>52</u> , to _____, 19____, that I last saw the deceased alive on <u>2/25/52</u> , 19____, and that death occurred at <u>11:00</u> A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm. J. Jackson M.D.</u>		23b. ADDRESS <u>Liberty Mo.</u>	
23c. DATE SIGNED <u>2/26/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>March-1-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>OddFellow</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 29. 1952</u>		REGISTRAR'S SIGNATURE <u>Minnie Haynes 64</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Schuch-Orcher Co.</u>		ADDRESS <u>Liberty Mo.</u>	

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

0240

0240

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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 Harold G. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, 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.