

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. DOUBLER

FILED JUL 21 1952

State File No. 24227

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 674

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give town or township) SPRINGFIELD, Rural, S. Campbell Twp		c. LENGTH OF STAY (in this place) 142 yrs.	
c. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD, Rural, S. Campbell Twp		d. STREET ADDRESS (If rural, give location) R.F.D. # 8 (So. Fort St.) 0390	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. de CHANTEL ACADEMY			

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) SISTER MARY LOUISE (FRANCIS deSALE) O'BRIEN			4. DATE OF DEATH (Month) (Day) (Year) JULY 10 1952		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 12-DEC-1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NUN-TEACHER	10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXX	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN O'BRIEN	13b. MOTHER'S MAIDEN NAME ELLEN LANIGAN	14. NAME OF HUSBAND OR WIFE XXXXXX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MOTHER SUPERIOR of ST. DE CHANTEL
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Passive Hemiparesis		INTERVAL BETWEEN ONSET AND DEATH 2 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Dis.			15 yrs +
	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 4200 039	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Greene Missouri
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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?
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22. I hereby certify that I attended the deceased from Sept. 1951, to July 10, 1952, that I last saw the deceased alive on March 22, 1952, and that death occurred at 8:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE E. L. Doubler, Jr. M.D. (Degree or title)	23b. ADDRESS 406 Prof. Bldg.	23c. DATE SIGNED 7-14-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-JULY-1952	24c. NAME OF CEMETERY OR CREMATORY ST DE CHANTEL CEMETARY	24d. LOCATION (City, town, or county) (State) SPRINGFIELD MISSOURI
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DATE REC'D BY LOCAL REG. 7-14-52	REGISTRAR'S SIGNATURE Edith Williamson Registrar	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. LOHMEYER SPRINGFIELD, MISSOURI
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*James F. Lucey*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2457*

P. O. Address *Meriden, Conn.*

**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.