

STANDARD CERTIFICATE OF DEATH

State File No.

FD JUL 28 1952

BIRTH NO. REG. DIST. NO. 802 PRIMARY REG. DIST. NO. 4517 Registrar's No. 09

1. PLACE OF DEATH a. COUNTY <u>Taney 1010</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Taney 1060</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRANSON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRANSON</u>	
c. LENGTH OF STAY (in this place) <u>10 years</u>		d. STREET ADDRESS (If rural, give location) <u>BRANSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skaggs Community Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clady's Maude</u> b. (Middle) <u>O'BRIAN</u> c. (Last) <u>T</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 31, 1906</u>	9. AGE (In years last birthday) <u>45</u> Months <u>8</u> Days <u>16</u>	IF UNDER 1 YEAR Hour Min.	IF UNDER 24 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Corning, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Clarence Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Maude Steinhurst</u>	14. NAME OF HUSBAND OR WIFE <u>Lloyd O'Brian</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd O'Brian</u> ADDRESS <u>Branson, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adena Carcinoma Breast</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>C Metastal, Lung, Jiver metastasis</u>		
	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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>170X</u>
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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 Nov, 1951, to July 16, 1952, that I last saw the deceased alive on July 16, 1952, and that death occurred at 7³⁰-m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. C. ...</u>	23b. ADDRESS <u>Branson, Mo</u>	23c. DATE SIGNED <u>7-14-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/18/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clark Memorial Cemetery, Branson, Mo</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>7-23-1952</u>	REGISTRAR'S SIGNATURE <u>J. C. Cogwell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Whitell Funeral Home</u> ADDRESS <u>Branson</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 19 1952

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

Walter S. Fack

Licensed Embalmer No. 4731

P. O. Address Spring, 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.