

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6181**  
REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **451**

FILED FEB 18 1953

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>50 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>5605 Highland 381 1/2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5605 Highland</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELLA</b> b. (Middle) <b>P.</b> c. (Last) <b>O'BRIEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-16-53</b>		
5. SEX <b>Fe</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>6-19-71</b>		9. AGE (In years last birthday) <b>81</b>		10. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <b>at home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>GARDNER, K.S.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			

13a. FATHER'S NAME <b>HENRY SHERAN</b>		13b. MOTHER'S MAIDEN NAME <b>Kitty CAMPBELL</b>		14. NAME OF HUSBAND OR WIFE <b>WM. O'BRIEN</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. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. E. LOWRY 5605 Highland K.C. 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary artery Heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mo.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General Arterio sclerosis</b>		<b>4 yrs.</b>	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **9-15**, 19**52**, to **1-16**, 19**53**, that I last saw the deceased alive on **1-15**, 19**53**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Geo A. O'Brien M.D.</b> (Degree or title)		23b. ADDRESS <b>306 E 12. K.C. Mo</b>		23c. DATE SIGNED <b>1-23-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1-19-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. MARYS</b>	
		24d. LOCATION (City, town, or county) (State) <b>K.C. MO.</b>			

DATE REC'D BY LOCAL REG. <b>1-28-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGILLEY-EYAR K.C. MO.</b>	
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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

*J. H. Proyer*

Licensed Embalmer No. 2999

P. O. Address. K C 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.