

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12900**

No. 300
10. 48

FILED APR 14 1953

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ste. Gen.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. GENEVIEVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ste. Genevieve</u>	
c. LENGTH OF STAY (In this place) <u>19 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>544 LA PORTE AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>544 LA PORTE AVE.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCIS</u> b. (Middle) <u>CLOID</u> c. (Last) <u>O'BRYAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4. 3. 53</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>October 1, 1869</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Days <u>6</u> Hours <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. NIGHTWATCHMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LUMBER CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WEST VIRGINIA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>JOHN O'BRYAN</u>		13b. MOTHER'S MAIDEN NAME <u>LUTRECIA BOND</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA O'BRYAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>488-18-2446</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HATTIE MYERS</u> ADDRESS <u>ST. GENEVIEVE, 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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>5 days</u> <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Nephritis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Prostate</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>592xH</u>		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 2/16, 1953 to 4/3, 1953, that I last saw the deceased alive on 4-3, 1953, and that death occurred at 10:15 P., from the causes and on the date stated above.

23a. SIGNATURE <u>Rob. Lanning M.D.</u> (Degree or title)		23b. ADDRESS <u>Ste. Genevieve Mo.</u>		23c. DATE SIGNED <u>4/4/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EAST FORK</u>	
24d. LOCATION (City, town, or county) (State) <u>MUNGER, MO.</u>					
DATE REC'D BY LOCAL REG. <u>April 7, 1953</u>		REGISTRAR'S SIGNATURE <u>Luella Barber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B.T. Boyer</u> ADDRESS <u>Dealoge Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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1931 C F ADAM

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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Shelby, 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.