

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19004

State File No.

FILED JUN 15 1953

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY <u>Randolph 0883</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>	
c. LENGTH OF STAY (In this place) <u>91 Days</u>		d. STREET ADDRESS (If rural, give location) <u>412 North Fairview</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1902 Concanon St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLA</u> b. (Middle) <u>DEAN</u> c. (Last) <u>O'BRYAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June - 5 - 1953</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>Aug 26 - 1930</u>	9. AGE (In years last birthday) <u>22</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 Mts. Hours _____ Mts. _____
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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 _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal Missouri, U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Gordon E. Whiteside</u>	13b. MOTHER'S MAIDEN NAME <u>S. Zelma Bowton</u>	14. NAME OF HUSBAND OR WIFE <u>Lamar O'Bryan</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lamar O'Bryan</u>	ADDRESS <u>Liberty 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 Year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute leukemia</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.			

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>2043</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Aug 22, 1953, to June 5, 1953, that I last saw the deceased alive on June 5, 1953, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clarence C. Cochrane M.D.</u>	23b. ADDRESS <u>300 1/2 Reed St Moberly Mo</u>	23c. DATE SIGNED <u>June 6 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June - 7 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Keytesville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Keytesville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-7-53</u>	REGISTRAR'S SIGNATURE <u>Donald Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>How Funeral Home</u>	ADDRESS <u>Moberly Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 1 1958

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

R. A. Carter

Licensed Embalmer No. 4117

P. O. Address Moherly 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.