

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25600

State File No. ....

FILED AUG 10 1953

REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <b>McDONALD</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>McDONALD</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PINEVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PINEVILLE</b>	
c. LENGTH OF STAY (In this place) <b>7 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>GRACE</b> b. (Middle) <b>- LEE</b> c. (Last) <b>- O'BRIEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-12-53</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>2-16-1882</b>
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>26</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SAME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>PINEVILLE - MO.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13a. FATHER'S NAME <b>JOHN - MOSIER</b>	
13b. MOTHER'S MAIDEN NAME <b>LUCINDA - KIRBY</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN - O'BRIEN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>CLARA - MAEVILES - NOEL - 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>	
INTERVAL BETWEEN ONSET AND DEATH		ANTECEDENT CAUSES <b>Hypertensive-Vascular Disease</b>	
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Arteriosclerosis</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Recent fracture of hip.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>E9030 20</b>	
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) <b>Southwest City McDonald - Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>January 1953</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Fell in bed-room</b>			
22. I hereby certify that I attended the deceased from <b>6-6-41</b> 19 <b>41</b> , to <b>7-12</b> 19 <b>53</b> , that I last saw the deceased alive on <b>7-11</b> 19 <b>53</b> , and that death occurred at <b>10 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>R. M. Humphrey, M.D.</b>		23b. ADDRESS <b>Southwest City, Mo.</b>	
23c. DATE SIGNED <b>7-24-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>7-14-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>PINEVILLE</b>		24d. LOCATION (City, town, or county) (State) <b>PINEVILLE MO</b>	
DATE REC'D BY LOCAL REG. <b>7-30-53</b>		REGISTRAR'S SIGNATURE <b>423-0</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>R. M. Humphrey</b>		ADDRESS <b>Pineville, Mo.</b>	

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

660  
1

**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 Myra E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Parisville, 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.