No. 300
10-48

FILED NOV 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40032

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 86

891
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): S. Whitmer Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray 1891
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond 0
d. STREET ADDRESS (If rural, give location): South Whitmer Street

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): WILLIAM
c. (Last): McBRIEN

4. DATE OF DEATH (Month) (Day) (Year): Nov. 6, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 2, 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 8, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal
11. BIRTHPLACE (City and State or Foreign Country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William McBrien
13b. MOTHER'S MAIDEN NAME: Elizabeth Ogle
14. NAME OF HUSBAND OR WIFE: Mrs. Eva McBrien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. James McBrien, Richmond, Mo.

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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 4 years
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: 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/2/, 1953, *to* 11/6/, 1953, *that I last saw the deceased alive on* Nov 6, 1953, *and that death occurred at* 11.20 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. E. G. Kevan 2 A B DO
23b. ADDRESS: Richmond Mo
23c. DATE SIGNED: 11/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-8-1953
24c. NAME OF CEMETERY OR CREMATORY: Sunny Slope Cemetery
24d. LOCATION (City, town, or county) (State): Richmond, Missouri

DATE REC'D BY LOCAL REG.: Nov 10-1953
REGISTRAR'S SIGNATURE: Mabel Jackson 273-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Thomas J. Carter Richmond, Mo

(Licensed Embalmer's Statement on Reverse Side)

Nov. 18

NOV 27 1950

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.