

STANDARD CERTIFICATE OF DEATH

10886

State File No.

FILED APR 2 1954

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 41

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

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Sikeston</u>		c. LENGTH OF STAY (in this place) <u>2 Days</u>	c. CITY OR TOWN <u>Charleston</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>304 S. Third St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u>		b. (Middle) _____	c. (Last) <u>O'Bryan</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>3 15 1954</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>8-10-1878</u>		9. AGE (In years last birthday) <u>75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lawyer & Farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. L. O'Bryan</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Armsby</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>	
16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fred Hurst, Bertrand, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Cardiac & Structural Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Edema</u> 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"/>		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 <u>3-13</u> , 19 <u>54</u> , to <u>3/15</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3/15</u> , 19 <u>54</u> , and that death occurred at <u>U.S.A.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Samuel C. McElwee, M.D., Sikeston, Mo.</u>		23b. ADDRESS _____	
23c. DATE SIGNED <u>3/17/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-17-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Butz</u> ADDRESS <u>THE NUNNELEE FUNERAL CHAPEL, Charleston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-22-54</u>		REGISTRAR'S SIGNATURE <u>Mr. [Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED MAR. 29 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 354-8966

JUL 15 1954

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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
Signature of Student Embalmer

Signed John P. Hunseler Jr.
Licensed Embalmer No. 3851
P. O. Address Charlottesville

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.