

FILED APR 7 1955

STANDARD CERTIFICATE OF DEATH

State File No. 3053 Registrar's No. 55BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Phelan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u> <u>4</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Heasburg</u> <u>0280</u>	
c. LENGTH OF STAY (In this place) <u>12 days</u>		d. STREET ADDRESS (If rural, give location) <u>The Old Mullen Hotel</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u>			

3. NAME OF DECEASED a. (First) <u>MARGARET</u> b. (Middle) <u>ALICE</u> c. (Last) <u>O'BRIEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-22-1955</u>		
5. SEX <u>♀</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>Dec. 19, 1863</u>		9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>D.A. PENSIONEY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Heasburg, Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John O'Brien</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Norris</u>		13c. NAME OF HUSBAND OR WIFE _____	
--	--	---	--	------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Alice O'Brien</u> ADDRESS <u>714 22 1955 Heasburg, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous</u> ANTECEDENT CAUSES Morbidity 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.		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
---	--	---	--	--	--

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 3-14, 1955, to 3-19, 1955, that I last saw the deceased alive on 3-19, 1955, and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Amos M. Myers</u> <u>380</u> (Degree or title) <u>D.M.S.</u>			23b. ADDRESS <u>Rolla, Mo.</u>		
			23c. DATE SIGNED <u>3-22-1955</u>		

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>March 24, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart C.M. Heasburg</u>	
				24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Mar. 28, 1955</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul R. ...</u> ADDRESS <u>Rolla, Mo.</u>	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

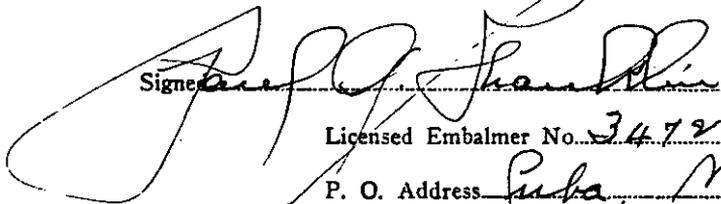
County File Number
Date Filed APR 6 1955

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed  _____
Licensed Embalmer No. 3472

P. O. Address Cuba, 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.