

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032370

STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 936

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MOUNTAIN GROVE 1141
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SPRINGFIELD BAPTIST		Length of stay in lb 2 Weeks	d. STREET ADDRESS (If outside, give location) DORIS AVENUE
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARGARET Middle L. E. Last O' BRYANT	4. DATE OF DEATH Month Sept. Day 28 Year 1958
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 31, 1873	9. AGE (In years last birthday) 85	10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) GREENE COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME James D. Hood	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Clack	14. NAME OF HUSBAND OR WIFE James Henry O'Bryant
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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) No	16. SOCIAL SECURITY NO. unknown	17. INFORMANT Address Mrs. Hazel Osborn, Mountain Grove, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure	INTERVAL BETWEEN ONSET AND DEATH 24 hours
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Senility and congestion right lung 1420	3 weeks
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DUE TO (c) Metastatic adenocarcinoma lower lobe right lung	6 weeks
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prior adenocarcinoma left parotid gland with excision intoto and radical left neck dissection	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 1955 to September 27 58 and last saw her alive on September 27, 1958 Death occurred at 4:45 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Howard G. Hall M.D.	22b. ADDRESS 1211 S. Glenstone, Springfield, Mo	22c. DATE SIGNED 9/30/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE OCTOBER 1, 1958	23c. NAME OF CEMETERY OR CREMATORY EVERGREEN CEMETERY	23d. LOCATION (City, town, or county) (State) REPUBLIC MISSOURI
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24. FUNERAL DIRECTOR ADDRESS RUSSELL W. BARBER, MOUNTAIN GROVE, MO.	25. DATE RECD. BY LOCAL REG. 10-2-58	26. REGISTRAR'S SIGNATURE G. G. Melton
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms were related.

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 *R. W. Boob*

Licensed Embalmer No. *28*
P. O. Address *July 77*

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.