

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008225
STATE FILE NUMBER

FILED FEB 24 1959

Registration District No. 373 Primary Registration District No. 6269 Registrar's No. 16

300
1-57

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| 1. PLACE OF DEATH a. COUNTY <u>Webster</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>W. Ozark township</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>Marshfield</u> <u>1120</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>near Marshfield</u> | | Length of stay in 1b <u>10 yrs.</u> | d. STREET ADDRESS (If outside, give location) <u>-----</u> |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>James William O'Brien</u> | | | 4. DATE OF DEATH Month Day Year <u>Feb. 14, 1959</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 8, 1897</u> | 9. AGE (In years last birthday) <u>61</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Motel & Sta. Opr.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Motel & Sta.</u> | 11. BIRTHPLACE (City and state or country) <u>Springfield, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>James W. O'Brien, Sr.</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lula Brown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Verba Lee O'Brien</u> | |

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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If World War of service) <u>Yes</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Verba Lee O'Brien-Marshfield, Mo.</u> | Address |
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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) <u>ACUTE CIRCULATORY FAILURE</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>CORONARY THROMBOSIS</u> | |
| | DUE TO (c) <u>ARTERIO SCLEROSIS</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4201</u> |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | |

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|---|--|--|--------------------------|--------------------------|
| 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 <u>Marshfield, Mo.</u> | COUNTY <u>Webster</u> | STATE <u>Missouri</u> |
|---|--|--|--------------------------|--------------------------|

21. I attended the deceased from 1/1/59 to 2/14/59 and last saw him alive on 2/14/59
Death occurred at 6:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr. J. J. Francis</u> | 22b. ADDRESS <u>Marshfield, Mo.</u> | 22c. DATE SIGNED <u>2/14/59</u> |
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| 23a. BURIAL, CREMATION, or other disposition (Specify) <u>Burial</u> | 23b. DATE <u>2-19-59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Rex Rainey</u> | ADDRESS <u>Springfield, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>FEB 17 1959</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

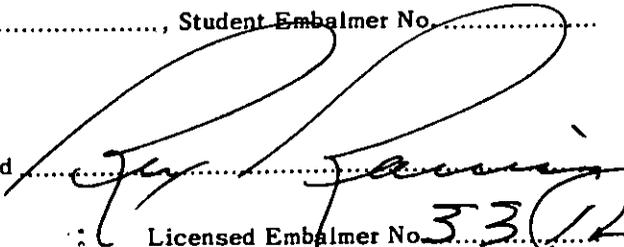
SA
MAR 6
1959

MAR 24 1959

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 
Licensed Embalmer No. 33012
P. O. Address

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.