

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-016777

STATE FILE NUMBER

AMENDED

Registration District No. 59
FILED JUN 13 1961

Primary Registration District No. _____

Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Cass</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Pennsylvania</u> b. COUNTY <u>Philadelphia</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Pleasant Township</u>		Length of stay in 1b	c. CITY OR TOWN <u>Philadelphia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>328th USAF Hospital Richards-Gebaur AFB, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3632 Powelton Ave</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Patrick</u> Middle <u>Michael</u> Last <u>O'Brien</u>			4. DATE OF DEATH Month <u>June</u> Day <u>6</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6 Jun 61</u>	9. AGE (last birthday) <u>----</u>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NA</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NA</u>	11. BIRTHPLACE (City and state or country) <u>Richards-Gebaur AFB, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>	
13a. FATHER'S NAME <u>Thomas John O'Brien</u>		13b. MOTHER'S MAIDEN NAME <u>Doris Ann Cavanaugh</u>		14. NAME OF HUSBAND OR WIFE <u>NA</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NA</u>	16. SOCIAL SECURITY NO. <u>NA</u>	17. INFORMANT <u>Thomas J. O'Brien Grandview, Mo.</u> Address <u>13708 10th Terr</u>				
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>Premature labor</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Premature Separation of Placenta</u> DUE TO (c) <u>Placentalitis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>25 Min</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <u>NA</u> <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)				
20c. TIME OF INJURY: Hour _____ Month _____ Day _____ Year _____ s.m. _____ p.m. _____						
20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from <u>6 Jun 61</u> to <u>6 Jun 61</u> and last saw <u>him</u> alive on <u>6 Jun 61</u> Death occurred at <u>1300 (1:00PM)</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>E C FLURKEY CAPT USAF MC</u> (Degree or title)			22b. ADDRESS <u>328th USAF Hospital Richards-Gebaur AFB, Mo.</u>		22c. DATE SIGNED <u>6 Jun 61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/8/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Belton Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Belton, Mo.</u>		
24. FUNERAL DIRECTOR <u>E. K. George & Sons, Inc Belton, Mo.</u>			ADDRESS	25. DATE RECD. BY LOCAL REG. <u>June 8-1961</u>	26. REGISTRAR'S SIGNATURE <u>M W Ray Sebrae</u>	

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Richard E. Geary

Licensed Embalmer No. 3958

P. O. Address Beltz, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.