SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-021841
STATE FILE NUMBER

AMENDED

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 90

FILED JUL 10 1961

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield — Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pershing Memorial — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Linn
c. CITY OR TOWN Brookfield — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 122 West North — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: FRANK Middle: HUBERT Last: O'BRIAN
4. DATE OF DEATH Month: July Day: 3 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/3/1888
9. AGE (Last birthday): 72 — IF UNDER 1 YEAR: Months 8 Days 0 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant
10b. KIND OF BUSINESS OR INDUSTRY: Ready-to-Wear
11. BIRTHPLACE (City and state or country): Wapello Co., Iowa
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Thomas O'Brian
13b. MOTHER'S MAIDEN NAME: Alice Skinner
14. NAME OF HUSBAND OR WIFE: Anna O'Brian
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Marjorie Judd, Address: Brookfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 10 years.
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1951 to July 3, 1961 and last saw her/him alive on July 3, 1961
Death occurred at 1:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dr. R. L. Ryals R. L. Ryals D.O.
22b. ADDRESS: Brookfield, Missouri
22c. DATE SIGNED: 7-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 5, 1961
23c. NAME OF CEMETERY OR CREMATORY: St. Michael Cemetery
23d. LOCATION (City, town, or county) (State): Brookfield, Missouri

24. FUNERAL DIRECTOR: Nill Funeral Home, ADDRESS: Brookfield, Mo.
25. DATE RECD. BY LOCAL REG.: 7-5-61
26. REGISTRAR'S SIGNATURE: Walter B. Erwin, Rg

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

JUL 18 1967

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 Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.