

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009734

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 99

FILED APR 10 1962

VS 300
Rev. 4/59

10017
20017

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94344

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124-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Stickler

DOCUMENT

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b years	c. CITY OR TOWN Kirksville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR NURSING HOME Stickler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 404 N. Boundary Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EVERETT VANCE O'BRIEN			4. DATE OF DEATH Month Day Year March 29 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/4/87
9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pipefitter		10b. KIND OF BUSINESS OR INDUSTRY shipbuilding	11. BIRTHPLACE (City and state or country) Adair Co., Mo.
12. CITIZEN OF WHAT COUNTRY U S		13a. FATHER'S NAME Elmer O'Brien	
13b. MOTHER'S MAIDEN NAME Viola Erwin		14. NAME OF HUSBAND OR WIFE Pearl Crabtree O'Brien	
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. No	
17. INFORMANT Gladys O'Brien Kirksville, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-pneumonia DUE TO (b) Cardiac-decompensation DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 day 1 week
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <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 a.m. p.m. Month, Day, Year		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.) Mar. 27, 1962		20f. CITY, TOWN, OR LOCATION COUNTY STATE Mar. 29, 1962 Mar. 29, 1962	
21. I attended the deceased from 3:15 A. to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. Stickler MD		22b. ADDRESS 107 E. Harrison, Kirksville, Mo.	22c. DATE SIGNED 3/30/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 31/62	23c. NAME OF CEMETERY OR CREMATORY Llewellyn	23d. LOCATION (City, town, or county) (State) Kirksville, Adair, Mo.
24. FUNERAL DIRECTOR ADDRESS Foster Memorial Home, Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 3-31-1962	26. REGISTRAR'S SIGNATURE Doris W. Ratliff

USE BLACK INK OR TYPEWRITER RIBBON

APR 11 1962

R.O. STICKLER, D.O.

~~Permit issued March 31, 1962~~
No permit issued.

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 *Nova E. Foster*
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirkville, 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.