

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031785

Registration District No. 87 Primary Registration District No. 4565 Registrar's No. 74 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 26 1963

VS 300 Rev. 4/59

1 0281

2 9040

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Crawford</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>California</b> COUNTY <b>Los Angeles</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sullivan</b>		Length of stay in 1b <b>1 Hour</b>	c. CITY OR TOWN <b>Renondo Beach</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sullivan Comm. Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>720 N. Guadalupe</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last <b>Josephine M. O'BRIEN</b>			4. DATE OF DEATH Month Day Year <b>Aug. 19, 1963</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/19/1890</b> 9. AGE (last birthday) <b>72</b> IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	11. BIRTHPLACE (City and state or country) <b>Winchester, Mass.</b> 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Patrick J. Noonan</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Conway</b>	14. NAME OF HUSBAND OR WIFE <b>John F. O'Brien</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		SOCIAL SECURITY NO. <b>534</b>	17. INFORMANT <b>Patricia Carpenter, Harbor City, Calif.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8 HRS.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Artery Disease</b>			<b>UNKNOWN YEARS?</b>
DUE TO (c) <b>Arteriosclerotic Cardiovas. Dis.</b>			<b>UNKNOWN YEARS?</b>
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>19 AUG 1963</b> to <b>19 AUG 1963</b> and last saw <sup>her</sup> him alive on <b>19 AUG 1963</b> Death occurred at <b>19 AUG 1963 2:5 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R.N. Giem MD</b>		22b. ADDRESS <b>Sullivan, Mo.</b>	22c. DATE SIGNED <b>19 AUG 63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8-20-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Holy Cross</b>	23d. LOCATION (City, town, or county) (State) <b>Los Angeles Co., Calif.</b>
24. FUNERAL DIRECTOR ADDRESS <b>H. W. Eaton, Sullivan, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Aug. 20, 1963</b>	26. REGISTRAR'S SIGNATURE <b>William Cowan</b>

USE BLACK INK OR TYPEWRITER RIBBON

SEP 4 1963

**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

*Harmon W. Eston*

Licensed Embalmer No. 5066

P. O. Address Sullivan, 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.