

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039405

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 96 Primary Registration District No. 5355 Registrar's No. 13 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

NOV 14 1963

VS 300
Rev. 4/59

1 0300

2 0300

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4 0

5 1

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7 1

8 2

9 9/60

10 16

11 030

12 90-3

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dallas</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		c. CITY OR TOWN <u>Conway, Mo</u>		
Length of stay in 1b <u>14 yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8 mi West Conway, Mo</u>		d. STREET ADDRESS (If outside, give location) <u>8 mi West Conway, Mo</u>		
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Joseph William O'Brien III</u>			4. DATE OF DEATH Month Day Year <u>11 - 9 - 1963</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>2-28-1900</u>	
9. AGE (last birthday) <u>63</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinest</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>	11. BIRTHPLACE (City and state or country) <u>Parson, Kas</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph W. O'Brien II</u>		
13b. MOTHER'S MAIDEN NAME <u>Kathy Maholland</u>		14. NAME OF HUSBAND OR WIFE <u>Teresa</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>		
17. INFORMANT <u>Mrs Teresa O'Brien Conway, Mo</u>		Address		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Suffocation in burning</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Home</u> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <u>immed</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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>Suffocated in burning house.</u>		
20c. TIME OF INJURY Hour <u>12 p.m.</u> Month, Day, Year <u>11-8-1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home RR#2 Conway, Mo</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Conway R.R#2 Dallas Mo</u>		
21. I attended the deceased from _____ to _____ and last saw her 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) <u>onoble owner Acting as Coroner</u>		22b. ADDRESS <u>Buffalo Mo</u>		
22c. DATE SIGNED <u>11-10-1963</u>		(State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-13-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Baptist</u>	23d. LOCATION (City, town, or county) <u>Conway Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Jones-Cantlan Buffalo, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-12-63</u>	26. REGISTRAR'S SIGNATURE <u>Mary (Phillips) per db.</u>	

200-080-002

NOV 19 1963
DEC 12 1963

Permit obtained 11-13-63
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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 Jerry J. Cantlon

Licensed Embalmer No. 5153

P. O. Address Buffalo, 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.