

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35429
Registrar's No. 11

Registration District No. 228

Primary Registration District No. 6248

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Washington

(b) City or town Richwoods, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3: (a) PRINT FULL NAME TOM O'HARREW

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Deceased

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 14th, 1966
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming (Retired)

11. Industry or business Self

MOTHER FATHER

12. Name Henry O'Harrew

13. Birthplace Jefferson Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ellen Bayer

(b) Address Richwoods, Mo.

17. (a) Burial (b) Date thereof 10/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marine Cove, Richwoods, Mo.

18. (a) Signature of funeral director Casey Knox Fun. Home

(b) Address St. Clair, Mo.

19. (a) 10/25/48 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Washington

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Richwoods, Mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18th
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Burns

Due to Accident

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 181
Of operations _____

Of autopsy 15

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 10/18/48

(c) Where did injury occur? Richwoods Washington, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Out in woods
(Specify type of place)

While at work _____ (e) Means of injury Burns

23. Signature A. R. Campbell, Coronar (M.D. or other) _____

Address Colonel, Duro Date signed 10/25/48

RECEIVED

Health Officer No. 4
File Number 1148-1354
Date 11-3-48

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed David C. Russell

Licensed Embalmer No. 4520

P. O. Address. St. Clair, 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 this body is not embalmed, fact should be so stated above.