

FILED JAN 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4641

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>06241</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>WASHINGTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>WASHINGTON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Breton</u>		c. LENGTH OF STAY (In this place) <u>21 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Breton</u>		<u>1100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. W. Potosi</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi. W. Potosi</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) <u>MARIE</u> c. (Last) <u>O'HANLON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 6 1953</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV-2-1915</u>		9. AGE (In years last birthday) <u>37</u>	F UNDER 1 YEAR <u>2</u>	F UNDER 10 HRS. <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOLTEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PUBLIC SCHOOL</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GRANDON, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES W. COOK</u>			13b. MOTHER'S MAIDEN NAME <u>ALICE LAFFE</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN P. O'HANLON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHN P. O'HANLON POTOSI, MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of right breast -</u> ANTECEDENT CAUSES <u>with metastasis to</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pelvic organ, spine</u> DUE TO (c) <u>and lungs.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 mo.</u>
19a. DATE OF OPERATION <u>May 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Malignancy</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 2, 1952, Jan. 6, 1953</u> , that I last saw the deceased alive on <u>Jan. 3, 1953</u> , and that death occurred at <u>1: P. M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph L. Thurman, M.D.</u>				23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>1-7-1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-9-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST JAMES CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>POTOSI, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>1/10/53</u>		REGISTRAR'S SIGNATURE <u>Herbert Rudall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SMITH & HIGGINS BOTHAM, F. H. POTOSI, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 13 1953

WASH. COUNTY HEALTH DEPT.

File No. _____

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
Student Embalmer

Signed Howard Kiggelbothen

Licensed Embalmer No. 4578

P. O. Address Potosi 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.