0.300
0.48
80
2

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34837

FILED OCT 6 - 1953

BIRTH NO. ____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 169

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wash Township
c. LENGTH OF STAY (In this place): 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No. 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin 0495 1
d. STREET ADDRESS (If rural, give location): 2023 Grand Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): LAURA
b. (Middle): AMMIE
c. (Last): O'HARA

4. DATE OF DEATH (Month) (Day) (Year): Sept 28, 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan 29, 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months ___ Days 30 — IF UNDER 1 HR.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Barry County Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George Houston
13b. MOTHER'S MAIDEN NAME: Rhoda Curtis
14. NAME OF HUSBAND OR WIFE: B. W. O'HARA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Records State Hosp 3 — **ADDRESS**: Nevada Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: no
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 4201
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 24, 1953, *to* Sept 28, 1953, *that I last saw the deceased alive on* Sept 28, 1953 *and that death occurred at* 7:40 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul L. Barone (Degree or title): M.D.
23b. ADDRESS: State Hosp 3 Nevada Mo
23c. DATE SIGNED: Sept 28/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-28-53
24c. NAME OF CEMETERY OR CREMATORY: Local
24d. LOCATION (City, town, or county) (State): Joplin Missouri

DATE REC'D BY LOCAL REG.: 9-29-53
REGISTRAR'S SIGNATURE: Anna E. Ferry 451
25. FUNERAL DIRECTOR'S SIGNATURE: Steve Parker — **ADDRESS**: Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 1954

MAY 28 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, or by .....

A ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed H. H. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Ferrada, 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.