

STANDARD CERTIFICATE OF DEATH

19666  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Marion</p>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Marion</p>	
b. CITY (If outside corporate limits, write RURAL and give town) <p style="text-align: center;">Hannibal</p>		c. LENGTH OF STAY (In this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) <p style="text-align: center;">Hannibal</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">2405 Chestnut</p>			d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">2405 Chestnut</p>		

3. NAME OF DECEASED a. (First) <p style="text-align: center;">Mary</p>		b. (Middle) <p style="text-align: center;">C. O'Hearn</p>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">6-24-54</p>	
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5. SEX <p style="text-align: center;">Female</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widowed</p>	8. DATE OF BIRTH <p style="text-align: center;">9/18/1873</p>	9. AGE (In years last birthday) <p style="text-align: center;">80</p>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Hannibal, Mo.</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>	
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13a. FATHER'S NAME <p style="text-align: center;">Daniel O'Connell</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">-----</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Michael J.</p>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">NO</p>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs. Thomas McLaughlin,</p>		ADDRESS	
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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 2405 Chestnut, Hannibal, Mo.				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <p style="text-align: center;">Disease</p>					
		DUE TO (b)					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">4200</p>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) m.		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 Jan 1, 1953, to 6-24-1954, that I last saw the deceased alive on 6-15, 1954, and that death occurred at 8: a. m., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">[Signature]</p>		(Degree or title) <u>MD</u>		23b. ADDRESS <p style="text-align: center;">Hannibal, Mo.</p>		23c. DATE SIGNED <p style="text-align: center;">6-25-54</p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">6/26/54</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">St. Mary's Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Hannibal, Mo.</p>	
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">6/25/54</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">[Signature]</p>		F. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">[Signature]</p>		ADDRESS <p style="text-align: center;">Hannibal Mo</p>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED** JUL 1 1954  
**MARION CO. HEALTH DEPT.**  
**DATE FILED** JUL 1 1954

**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 Michael J. O'Donnell

Licensed Embalmer No. 5246

P. O. Address Hannibal 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.