

15484

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 29 1956

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>5037</u>		Registrar's No. <u>100</u>			
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salt River twsp</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Mexico R.F.D. 4</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. F. D. 4, Mexico, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>Rural Salt River Township</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mable</u>			b. (Middle) <u>Ruth</u>		c. (Last) <u>O'Connor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>		8. DATE OF BIRTH <u>Aug. 5, 1953</u>			
9. AGE (In years last birthday) <u>2</u>		f UNDER 1 YEAR Months _____		g UNDER 6 HRS. Days _____		Hours _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>William H. O'Connor</u>			13b. MOTHER'S MAIDEN NAME <u>Darlene Potter</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William H. O'Connor Mexico, Mo. RFD 4</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coroners Case with out jury; Deceased was found hanging in a rope swing at her home. Death was due to strangulation.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>was due to strangulation.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mexico, Salt River, Audrain Missouri</u>		21d. HOW DID INJURY OCCUR? <u>Caught her neck in a swing rope</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 18, 1956 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from Coroners, 1888 St. _____, 19____, that I last saw the deceased alive on <u>May 18 1956</u> , and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>S. C. Adams M.D. Coroner</u> (Degree or Title)				23b. ADDRESS <u>Mexico, Missouri</u>		23c. DATE SIGNED <u>May 19 '56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-20-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>May 20 1956</u>		REGISTRAR'S SIGNATURE <u>Blenche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arnold Funeral Home Mexico, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

300
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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ray Miller*.....
Licensed Embalmer No. *444*
P. O. Address *Medford*

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.