

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED AUG 27 1957

State File No. **30625**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **4529** Registrar's No. **1148**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Jasper</b>	
b. CITY OR TOWN <b>Metz</b>	c. LENGTH OF STAY (In this place) <b>4 months</b>	c. CITY OR TOWN <b>Carthage</b>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home</b>		e. STREET ADDRESS (If rural, give location) <b>717 Boisd'Arc St.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Martha</b>	b. (Middle) <b>Jane</b>	c. (Last) <b>O'Conner</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>8-14-57</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug 13, 1979</b>	9. AGE (In years last birthday) <b>78</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Trenton - Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Rowland Odom</b>	13b. MOTHER'S MAIDEN NAME <b>Mary A. Wasson</b>	14. NAME OF HUSBAND OR WIFE <b>James O'Conner</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Tom Anderson, Joplin, Mo.</b>

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, athermia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>		<b>3 weeks</b>
ANTECEDENT CAUSES		<b>Portal Cirrhosis</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		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	20. AUTOPSY? <b>2</b> 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) <b>5810</b>
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 **June 5, 1957**, to **Aug 14, 1957**, that I last saw the deceased alive on **July 16, 1957**, and that death occurred at **2 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (In case of title) <b>Thomas F. Boyd, D.O.</b>	23b. ADDRESS <b>Rich. Hill, Mo.</b>	23c. DATE SIGNED <b>8-15-57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8-14-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>
24d. LOCATION (City, town, or county) (State) <b>Carthage, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>8-21-1957</b>	REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hubert Porter Joplin - Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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 *Richard C. Hunter*.....  
Licensed Embalmer No. 45

P. O. Address *Yards*.....

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.