

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39096

FILED NOV 26 1957

3003 State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lorraine</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City</u>	
c. LENGTH OF STAY (in this place) <u>31 hours</u>		d. STREET ADDRESS (If rural, give location) <u>550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent Hospital</u>			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>Rene</u>	b. (Middle) <u>O'Nara</u>	c. (Last) <u>O'Nara</u>	(Month) (Day) (Year) <u>11-9-57</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Newborn</u>	8. DATE OF BIRTH <u>Nov. 7, 1957</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Monett, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>~</u>
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13a. FATHER'S NAME <u>Patrick O'Nara</u>	13b. MOTHER'S MAIDEN NAME <u>Kladye Young</u>	14. NAME OF HUSBAND OR WIFE <u>~</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>~</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>~</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kladye O'Nara</u> ADDRESS <u>Pierce City, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>52 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cremanterity (5 1/2 weeks pregnancy)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov. 7, 1957, to Nov. 9, 1957, that I last saw the deceased alive on Nov. 8, 1957, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert H. Wadley, M.D.</u>	23b. ADDRESS <u>Monett, Mo.</u>	23c. DATE SIGNED <u>11-9-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-9-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pierce City</u>
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DATE REC'D BY LOCAL REG. <u>11-23-57</u>	REGISTRAR'S SIGNATURE <u>Mrs. P. N. Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur Cron</u> ADDRESS <u>Pierce City Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

513

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 1157-205

DATE REC. 11-25-57

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.