

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39393

FILED NOV 20 1957

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 639

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Poplar Bluff</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lucy Lee Hosp.</u> Length of stay in lb <u>45 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>R R # 1</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) JOHN FRANCIS O'HARA First Middle Last
4. DATE OF DEATH 11-7-1957 Month Day Year

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH 6-7-1889 9. AGE (In years last birthday) 68 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired merchant 10b. KIND OF BUSINESS OR INDUSTRY Clothing store 11. BIRTHPLACE (City and state or country) North Vernon, Ind. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James O'Hara 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Esther O'Hara, Poplar Bluff, Mo. Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
19. WAS AUTOPSY PERFORMED? YES NO INTERVAL BETWEEN ONSET AND DEATH 12 hrs

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.
20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 7, 1957 to Nov 7, 1957 and last saw her alive on Nov 7, 1957
Death occurred at 6:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Jean Sheehan (Degree or title) MD 22b. ADDRESS Poplar Bluff, Missouri 22c. DATE SIGNED 11-11-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-9-57 23c. NAME OF CEMETERY OR CREMATORY Catholic 23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

24. FUNERAL DIRECTOR ADDRESS Greer Croy & Fitch, Poplar Bluff, Mo. 25. DATE RECD. BY LOCAL REG. 11/14/57 26. REGISTRAR'S SIGNATURE J. H. McIntire

(Licensed Embolmer's Statement on Reverse Side)

Health, & Welfare Public Health Service

S. 300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

NOV 18 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

APR 7 1958

DEC 19 1957
FEB 7 1958

DEC 30 1957

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 Williams*

Licensed Embalmer No. *492*

P. O. Address *Replac Bluff, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.