

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 26 1960

-60-035407

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 125

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Lincoln</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Troy</u> Length of stay in 1b <u>6 weeks</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincoln County Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> c. CITY OR TOWN <u>Silex</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>RFD Silex</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Charles Emmett O'Hanlon</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>Sept. 17, 1960</u>				
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>9-2-81</u>	<b>9. AGE (last birthday)</b> <u>79</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>15</u>	IF UNDER 24 HR Hours <u>15</u> Min. <u></u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farming</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farm</u>		<b>11. BIRTHPLACE</b> (City, and state or country) <u>Silex, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>US</u>	
<b>13a. FATHER'S NAME</b> <u>Charles O'Hanlon</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Hoey</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Stasia O'Hanlon</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>494 055994 A</u>		<b>17. INFORMANT</b> Address <u>Stasia O'Hanlon Silex, Mo.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lo br. Pneumonia</u> DUE TO (b) <u>Chronic Pulmonary Fibrosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>20b. SUICIDE</b> <input type="checkbox"/>	<b>20c. HOMICIDE</b> <input type="checkbox"/>	<b>20d. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year							
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE			
<b>21. I attended the deceased from</b> <u>8/12/60</u> to <u>9/7/60</u> and last saw <u>alive</u> on <u>9/17/60</u> Death occurred at <u>3 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Deceased or title) <u>J.C. Church</u>			<b>22b. ADDRESS</b> <u>TROY, MO</u>		<b>22c. DATE SIGNED</b> <u>9/19/60</u> (State)		
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>		<b>23b. DATE</b> <u>9-19-1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>St. Alphonsus Cem.</u>		<b>23d. LOCATION</b> (City, town, or county) <u>Millwood Missouri</u>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>J. O. Mudd Bowling Green, Mo.</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>9-20-1960</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Charlotte Beck</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 19 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James O. Mudd*

Licensed Embalmer No. 4152

P. O. Address Bowling Green

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.