-1/47
-17-39

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

FILED AUG 6 1947

National Office of Vital Statistics

# STANDARD CERTIFICATE OF DEATH

State File No. 24565

Registration District No. 150 Primary Registration District No. 2001 Registrar's No.

**1. PLACE OF DEATH:**

(a) County Jasper

(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1519 Wall (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 48 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin (If outside city or town limits, write "RURAL") 2

(d) Street No. 1519 Wall (If rural, give location) 5

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Claude Samuel O'Beirne

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lela

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 24, (Day) 1875 (Year)

8. AGE: Years 71 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Fulton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation retired

11. Industry or business

FATHER
12. Name John O'Beirne
13. Birthplace Fulton, Missouri (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Elizabeth Thomas
15. Birthplace -------Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Lela O'Beirne
(b) Address 1519 Wall, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 7-2-47 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature) 120

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 27 year 1947 hour 4:25 minute P M.

21. I hereby certify that I attended the deceased from , 1944, to June 27, 1947; that I last saw him alive on June 27, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Heart & Respiratory failure

Due to Cerebral hemorrhage

Due to Cardiac decompensation, chronic nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

Signature A. E. Heinlein (Dr.) or other

Address Joplin Date signed 6/30/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-1-633

SEP 11 1947

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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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 this body is not embalmed, fact should be so stated above.