

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26004

|  |  |   |   |  |  |  |  |   |  |
|--|--|---|---|--|--|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>4</u>   |   | PRIMARY REG. DIST. NO. <u>4016</u>   |  | Registrar's No. <u>38</u>  |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Atchison</u>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u> |  |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Tarkio</u> )   |  | c. LENGTH OF STAY (In this place) <u>60 yrs</u>   |   | c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Tarkio</u> )   |  |  |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>**</u>  |  |   |   | d. STREET ADDRESS (If rural, give location) <u>j</u>   |  |  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>PATRICK</u>   |  |   | b. (Middle) <u>**</u>                         |  | c. (Last) <u>O'HERIN</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Aug 3 1949</u> |   |  |
| 5. SEX <u>male</u>   |  | 6. COLOR OR RACE <u>white</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>  |  | 8. DATE OF BIRTH <u>March 26, 1873</u>                               |  | 9. AGE (In years last birthday) <u>76</u> <input type="checkbox"/> UNDER 1 YEAR <u>4</u> Months <u>7</u> Days <input type="checkbox"/> UNDER 1 Wk. <u>7</u> Hours <u>Min.</u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY             |  | 11. BIRTHPLACE (State or foreign country) <u>Forbes, Missouri.</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>                   |   |  |
| 13a. FATHER'S NAME <u>John J. O'Herin</u>  |  |   | 13b. MOTHER'S MAIDEN NAME <u>Ellan Murphy</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Mary M. O'Herin</u>                 |  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |  | 16. SOCIAL SECURITY NO. <u>none</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Patrick O'Herin Tarkio, Mo.</u>   |  |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>                       |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Endocarditis</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |   |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 yrs.</u><br><br><u>42H</u>   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |   |  |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR? <u>✓</u>  |  |  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>Nov 31, 1949</u> , to <u>Aug 3, 1949</u> , that I last saw the deceased alive on <u>Aug 17, 1949</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above. |  |   |   |  |  |  |  |   |  |
| 23a. SIGNATURE <u>D. S. Haskell</u> (Degree or title) <u>M.D.</u>  |  |   |   | 23b. ADDRESS <u>Tarkio, Mo.</u>  |  | 23c. DATE SIGNED <u>8-3-49</u>                                       |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>  |  | 24b. DATE <u>Aug 5, 1949</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Tarkio Missouri</u> |  |   |  |
| DATE REC'D BY LOCAL RES. <u>8-5-49</u>   |  | REGISTRAR'S SIGNATURE <u>Betty Crutcher</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis Funeral</u>  |  | ADDRESS <u>Tarkio, Mo.</u>   |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 7 1950

MAR 14 1950



**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.

Signed \_\_\_\_\_

*Jahie M. Harris*

Licensed Embalmer No. 2394

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Tankio, 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.