No. 300
10.48

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29091

BIRTH NO. / REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 131

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Wash Twp
c. LENGTH OF STAY (in this place): 4-4-7
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3114 E 19th

3. NAME OF DECEASED (Type or Print): a. (First) LUCILE b. (Middle) c. (Last) O'HARA
4. DATE OF DEATH (Month) (Day) (Year): 8-4-49
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 2-28-1891
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 5, Days 6 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): North Dakota
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Fred Deakeridge
13b. MOTHER'S MAIDEN NAME: Ella May George
14. NAME OF HUSBAND/OR WIFE: Divorced
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Hospital Record — ADDRESS: Nevada

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Alzheimers disease
DUE TO (c): ✓

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: ✓ — 334X

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-9-, 1945, *to* 8-4-, 1949, *that I last saw the deceased alive on* 8-3-, 1949, *and that death occurred at* 5:15 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE: D R Wall MD (Degree or title)
23b. ADDRESS: Nevada Mo
23c. DATE SIGNED: 8-4-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-7-49
24c. NAME OF CEMETERY OR CREMATORY: Forest Hills
24d. LOCATION (City, town, or county) (State): Kansas City Mo

DATE REC'D BY LOCAL REG.: 8/4/49
REGISTRAR'S SIGNATURE: Kathryn H. Yancey
331
25. FUNERAL DIRECTOR'S SIGNATURE: Mrs. C. L. Forster — ADDRESS: KC. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 7-49-985
Date Filed 9-22-49

DEC 11 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.

Student .....
Student Embalmer

Signed Joe B. Yoder
Licensed Embalmer No. 4173
P. O. Address KC. 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.