

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31073

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 325

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN <u>Hannibal</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>	3. <u>3</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>END OF FETTER AVE</u>		d. STREET ADDRESS (If rural, give location) <u>216 Cypress ST</u>	4. <u>4</u>

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EDMUND</u>	b. (Middle) <u>P.</u>	c. (Last) <u>O'HEARN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 25. 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>October 9 1904</u>	9. AGE (in years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u>16</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auditor</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Hannibal, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Michael S. O'Hearn</u>	13b. MOTHER'S MAIDEN NAME <u>Mary O'Connell</u>	14. NAME OF HUSBAND OR WIFE Michael S. O'Hearn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes World War II</u>	16. SOCIAL SECURITY NO. <u>487-24-6468</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary O'Hearn</u>	ADDRESS <u>216 Cypress Hannibal MO</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>69298</u> <u>42</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation by drowning.</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal Marion Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9/26/1949</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>By falling in small branch</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Craig Smith</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>902 Broadway Hannibal Missouri</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Marion MO</u>
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DATE REC'D BY LOCAL REG. <u>9-26-49</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucas</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James C. Donnell</u>	ADDRESS <u>Hannibal MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Michael J. O'Spinnell

Signed.....
Student Embalmer

Licensed Embalmer No. 3246

P. O. Address Hannibal, 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.