

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14296

State File No. ....

 BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL Farmington St. Francois</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Perryville</b>	
c. LENGTH OF STAY (in this place) <b>16Y; 7M; 1D</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital #4.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Vincent</b> b. (Middle) <b>Dale</b> c. (Last) <b>O'Mara</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 29 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>February 5, 1899</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>waiter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hotel &amp; Restaurant</b>		11. BIRTHPLACE (State or foreign country) <b>Perry County, Mo.</b>	
13a. FATHER'S NAME <b>Joseph Vincent O'Mara</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Amelia Brown</b>		14. NAME OF HUSBAND OR WIFE <b>Ethel O'Mara</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Records State Hospital No. 4, Farmington, Mo.</b>		ADDRESS <b>Mrs. Len Foutts, Perryville, Mo.</b>			

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		DUE TO (b) _____				<b>4 30 / 20 yrs</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Demencia Presen</b>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 19 33, to March 29, 19 50, that I last saw the deceased alive on March 29, 19 50, and that death occurred at 9:20A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Daniel F. Rudolph M.D.</b>	23b. ADDRESS <b>Farmington - Mo</b>	23c. DATE SIGNED <b>4/1/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 31, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope</b>
24d. LOCATION (City, town, or county) (State) <b>Perryville, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>Apr. 20, 1950</b>	REGISTRAR'S SIGNATURE <b>Ethel Rudolph</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert Bey</b>	ADDRESS <b>Perryville, Mo.</b>
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(Licensed Embalmers' Statement on Reverse Side)

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

No. 300

10. 48

40  
2

RECEIVED

APR 24 1950

EMERALD HEALTH OFFICE No. 4

File No. 450-601

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 Albert Bey

Licensed Embalmer No. 3868

P. O. Address Perryville, 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.