

No. 300  
10.48

FILED JUL 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19346**

104

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **189**

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Boone</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>  |  | c. LENGTH OF STAY (In this place) <b>Lifetime</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>310 N. 8th St.</b>   |  | d. STREET ADDRESS (If rural, give location) <b>310 N. 8th St.</b>  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>DORCAS</b> b. (Middle) <b>BROWN</b> c. (Last) <b>O'HALLARAN</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>June 30, 1950</b>  |   |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>  | 8. DATE OF BIRTH <b>Feb. 26, 1868</b>                             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (In years last birthday) <b>82</b>                         |
| 11. BIRTHPLACE (State or foreign country) <b>Boone County, Missouri</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>   |   |
| 13a. FATHER'S NAME <b>Samuel Crockett</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Mariam Elizabeth Brown</b>  |   |
| 13c. NAME OF HUSBAND OR WIFE <b>William O'Hallaran</b>  |  | 14. NAME OF HUSBAND OR WIFE  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)  |  | 16. SOCIAL SECURITY NO. <b>None</b>  |   |
| 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Frances Rader, Columbia, Mo.</b>  |  | ADDRESS  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma of uterus</b> |   |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>   |   |
| 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 <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 <b>Dec 19, 1949</b> , to <b>June 30, 1950</b> , that I last saw the deceased alive on <b>June 30, 1950</b> , and that death occurred at <b>7:30 P.M.</b> , from the causes and on the date stated above. |  |  |   |
| 23a. SIGNATURE <b>Roland P. Jackson MD</b> (Degree or title)  |  | 23b. ADDRESS <b>16 S. 10th</b>   |   |
| 23c. DATE SIGNED <b>7-1-50</b>  |  |  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 24b. DATE <b>July 2 1950</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>   | 24d. LOCATION (City, town, or county) (State) <b>Columbia, Mo</b> |
| DATE REC'D BY LOCAL REG. <b>July 2 1950</b>   |  | REGISTRAR'S SIGNATURE <b>Mrs. R. E. Palmer 31</b>  |   |
| 25. FUNERAL DIRECTOR'S SIGNATURE <b>Parker Funeral Service</b>  |  | ADDRESS  |   |

**RECEIVED**  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 7-18-58

AUG 21 1958

JUL 13 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Thas L. Loring

Licensed Embalmer No. 4132

P. O. Address Columbus

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.