

No. 300  
10.48

FILED JUN 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20591

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4  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Hillsboro		c. CITY (If outside corporate limits, write RURAL and give township) Festus 0502	
c. LENGTH OF STAY (In this place) 15 mos		d. STREET ADDRESS (If rural, give location) 415 Moore Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home			
3. NAME OF DECEASED (Type or Print) a. (First) Ollie		b. (Middle) O. c. (Last) Hobough	
4. DATE OF DEATH (Month) (Day) (Year) June 4, 1951			
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 2, 1884
9. AGE (In years last birthday) 66	10. MONTHS 9	11. DAYS 2	12. HOURS & MIN. 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) St. Genevieve Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Samuel Kennedy	13b. MOTHER'S MAIDEN NAME Mary Daniels	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Ramey	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		17. ADDRESS Festus, Mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 15 min.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Arteriosclerotic Heart disease, 6 years	
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 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) 4200	(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 2-23, 1950, to 6-4, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Harold E. Donnell M.D.	(Degree or title)	23b. ADDRESS Dr. Sato, Mo.	23c. DATE SIGNED 6-4-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 6, 1951	24c. NAME OF CEMETERY OR CREMATORY Herculaneum, Mo.	24d. LOCATION (City, town, or county) (State) Herculaneum, Mo.
DATE REC'D BY LOCAL REG. 6-7-51	REGISTRAR'S SIGNATURE Kathleen Marsden	141	25. FUNERAL DIRECTOR'S SIGNATURE Gentry R. Palitte
		ADDRESS Crystal City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

MAR 28 1957  
DATE RECEIVED 6  
HILLSBORO, MISSOURI  
JEFFERSON COUNTY HEALTH DEPT.

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

*Gentry R. Polite*

Licensed Embalmer No. 3481

P. O. Address. Crystal City

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.