No. 300
10.48

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 20754

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 205

0644

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

**1. PLACE OF DEATH**
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 222 N. Locust. St

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0644
d. STREET ADDRESS (If rural, give location): 222 N. Locust. St

**3. NAME OF DECEASED** (Type or Print)
a. (First): Lucinda
b. (Middle): Helen
c. (Last): O'Hern

**4. DATE OF DEATH** (Month) (Day) (Year): June 9. 1951

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widow
**8. DATE OF BIRTH**: Jan. 21. 1884
**9. AGE** (In years last birthday): 67. IF UNDER 1 YEAR: Months 4 Days 19 IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Hannibal, Mo
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Chas. Montgomery
**13b. MOTHER'S MAIDEN NAME**: Unknown.
**14. NAME OF HUSBAND OR ~~WIFE~~**: Frank. E.

**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.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Frank O'Hern & 222 N. Locust. ADDRESS: Hannibal Mo

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: Approx. -1 yr

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**: Jan. 8, 1951
**19b. MAJOR FINDINGS OF OPERATION**: Carcinoma of liver 156A
**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* Jan. 5, 1951, *to* June 1, 1951, *that I last saw the deceased alive on* June 1, 1951, *and that death occurred at* 2 55 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [signature] O
**23b. ADDRESS**: Hannibal Mo
**23c. DATE SIGNED**: 6-18-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial O
**24b. DATE**: 6-11-51
**24c. NAME OF CEMETERY OR CREMATORY**: St Marys Cemetery
**24d. LOCATION** (City, town, or county) (State): Hannibal Marion Mo

**DATE REC'D BY LOCAL REG.**: 6/18/51
**REGISTRAR'S SIGNATURE**: H C Fisher / H E M Lucke Deputy
**25. FUNERAL DIRECTOR'S SIGNATURE**: James O'Donnell ADDRESS: Hannibal - Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 25 1951
MARION CO. HEALTH DEPT.
DATE FILED JUN 27 1951

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 Michael J. O'Donnell

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.