

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23538

State File No.

FILED AUG 14 1951

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 519

0532

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

1. PLACE OF DEATH a. COUNTY <u>Laclede</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lebanon</u> c. LENGTH OF STAY (in this place) <u>8 mo.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Wallace Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lebanon, Mo. 6580</u> d. STREET ADDRESS (If rural, give location) <u>Lebanon Rt. 5 0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Alice O'Halloran</u> c. (Last) <u></u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 2 51</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 15, 1871</u>
9. AGE (In years last birthday) <u>80</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>
11. BIRTHPLACE (State or foreign country) <u>Pulaski co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clinton Tibbe</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Meare</u>	
14. NAME OF HUSBAND OR WIFE <u>J.M. O'Halloran</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs E. J. Barnett R# 5</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardia</u> DUE TO (c) <u>vascular renal disease</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>	
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)		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 <u>26 Nov, 1950</u>, to <u>2 Aug, 1951</u>, that I last saw the deceased alive on <u>2 Aug, 1951</u>, and that death occurred at <u>10:15 P. M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paula Jenkins MD</u>		23b. ADDRESS <u>Lebanon Mo.</u>	
23c. DATE SIGNED <u>6 Aug 51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-5-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon, Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer</u>	
DATE REC'D BY LOCAL REG. <u>8-6-1951</u>		REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>	
ADDRESS <u>Lebanon, Mo.</u>		ADDRESS	

Received AUG 11 1951
Laclede County Health Unit
File No. 8-51-111
Date Filed AUG 13 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Stanley B. Palmer Jr*

Licensed Embalmer No. 4810

P. O. Address. *Lebanon 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.