

1951 AUG 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27645

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 256

1. PLACE OF DEATH
a. COUNTY **Marion**
b. CITY (If outside corporate limits, write RURAL and give township) **Hannibal**
c. LENGTH OF STAY (in this place) **1 Month**
d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Elizabeth Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Shelby**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Shelbina** **1020**
d. STREET ADDRESS (If rural, give location) **1**

3. NAME OF DECEASED
a. (First) **Jeremiah** b. (Middle) **Joseph** c. (Last) **O'Connor**

4. DATE OF DEATH (Month) (Day) (Year)
Aug. 7, 1951

5. SEX **Male** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Never Married

8. DATE OF BIRTH **June 8, 1900**

9. AGE (In years last birthday) **51**
IF UNDER 1 YEAR Days IF UNDER 10 MIN. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Priest

10b. KIND OF BUSINESS OR INDUSTRY
Catholic

11. BIRTHPLACE (State or foreign country)
Dingle County, Ireland

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Laurince O'Connor

13b. MOTHER'S MAIDEN NAME
Katherine Harrigan

14. NAME OF HUSBAND OR WIFE
None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Patrick O'Connor - Springfield, Mass

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) **Uremia**
ANTECEDENT CAUSES **Cardio-vascular - renal disease 1 yr.**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Cardio-vascular - renal disease 1 yr.**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
442X

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)

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 **June 1950**, to **Aug 1951**, that I last saw the deceased alive on **8-7**, 1951, and that death occurred at **6:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
T. J. Marchlewski M.D.

23b. ADDRESS
Shelbina, Mo.

23c. DATE SIGNED
8-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
Aug. 10, 1951

24c. NAME OF CEMETERY OR EXHUMATION
Shelbina Catholic

24d. LOCATION (City, town, or county) (State)
Shelbina, Missouri

DATE REC'D BY LOCAL REG.
8-13-51

REGISTRAR'S SIGNATURE
Dr. E. M. Tucker

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
E. Hayes Shelbina, Mo.

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

0644

RECEIVED AUG 17 1951
HEALTH DEPT.
DATE FILED AUG 17 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 Paul E. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelburne, VT

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.