

24838

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 157

Registrar's No. 3028

No. 300

10-48

AUG 8 1952

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		State File No. 157		Registrar's No. 3028			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
a. COUNTY Jasper Jasper					a. STATE Missouri b. COUNTY Jasper						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin						
c. LENGTH OF STAY (in this place) 5 min.					d. STREET ADDRESS (If rural, give location) St. Peters Church						
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital											
3. NAME OF DECEASED			a. (First)			b. (Middle)			c. (Last)		
(Type or Print)			MICHAEL			JOHN			AHERN		
4. DATE OF DEATH			Month			Day			Year		
			August			1			1952		
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR	
male		white		never married		June 22, 1900		52		Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country)			
Catholic Priest				religion				Kansas City, Missouri			
12. CITIZEN OF WHAT COUNTRY?				USA							
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE			
Michael Ahern				Bridget O'Malley				----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
unk.				none				Mrs. Geo Reutter, Kansas City, Mo			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				Intracranial injury, fatal			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES							
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
				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				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) (COUNTY) (STATE)			
accident				highway				Jasper Jasper Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
August 1 1952 9:00 p.m.								automobile collision			
22. I hereby certify that I attended the deceased from 8/1, 1952, to 8/1, 1952, that I last saw the deceased alive on 8/1, 1952, and that death occurred at 9:50 p.m., from the causes and on the date stated above.											
23a. SIGNATURE				(Degree or title)				23b. ADDRESS			
E. J. Shell				MD				Carthage, Mo			
23c. DATE SIGNED				24a. BURIAL, CREMATION, REMOVAL (Specify)				24b. DATE			
8-2-52				burial				Aug 4-1952			
24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State)				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
St. Marys Cemetery				Kansas City, Mo				Knell Mortuary, Carthage, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-6-52
Jasper County Health Office

County File Number 52/8/614

Date Filed 8-6-52

AUG 20 1952

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 Frank M. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.