

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37438**

OCT 20 1952

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **135**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: resident before death.) a. STATE Mo b. COUNTY Barrett	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural West Plains		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains 0461	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #3		d. STREET ADDRESS (If rural, give location) ✓	

3. NAME OF DECEASED (Type or Print) a. (First) IDA ELIZABETH b. (Middle) O'HANLON c. (Last) O'HANLON			4. DATE OF DEATH (Month) (Day) (Year) 10-10-52		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7-31-94	9. AGE (In years last birthday) 58	10. MONTHS 7	11. DAYS 18	12. HOURS 18	13. MIN. 18
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) West Plains Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William O'Hanlon	13b. MOTHER'S MAIDEN NAME Susan Wheatley	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME Hospital record	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Chronic		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Post Op Cancer & breast		
	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 _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 170 x
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **10-17-52** to **10-10-52** that I last saw the deceased on **10-10-52**, and that death occurred at **2** p.m., from the causes and on the date stated above.

23a. SIGNATURE R. Y. Hall	23b. ADDRESS West Plains Mo	23c. DATE SIGNED 10-10-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 10 1952	24c. NAME OF CEMETERY OR CREMATORY OAK LAWN CEM	24d. LOCATION (City, town, or county) (State) West Plains Missouri
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DATE REC'D BY LOCAL REG. 10-14-52	REGISTRAR'S SIGNATURE Anna E. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home	ADDRESS Nevada, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1088

OCT 21 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

[Handwritten Signature]

Licensed Embalmer No. 1260

P. O. Address Nevada 720

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.

[Handwritten Stamp: M=O MWA 1193]