

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6859

State File No. ....

S. No. 300  
V. 10.48

FILED MAR 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN <u>Hannibal</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <u>Hannibal</u> <small>(If outside corporate limits, write RURAL and give township)</small>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>520 Center St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>520 Center St.</u>		d. STREET ADDRESS <u>520 Center St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>THOMAS</u>	b. (Middle) <u>MICHAEL</u>	c. (Last) <u>O'HERN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 1, 1953</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 27, 1884</u>	9. AGE (In years last birthday) <u>68</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>photography man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>photographing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>James O'Hern</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Hawk</u>	14. NAME OF HUSBAND OR WIFE <u>Hazel O'Hern</u>
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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. ----	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Hazel O'Hern, 520 Center, Hannibal</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	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: <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>4201</u>	

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., 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 Jan 1953 to March 1, 1953, that I last saw the deceased alive on March 1, 1953, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Disease or title) <u>W. J. Jolley, M.D.</u>	23b. ADDRESS <u>Hannibal, Mo.</u>	23c. DATE SIGNED <u>March 1/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3/4/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/3/53</u>	REGISTRAR'S SIGNATURE <u>H. C. Frisken Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Jack Schwartz - Hannibal, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 10 1938  
MARION CO. HEALTH DEPT.  
DATE FILED MAR 10 1938

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 Jack Schwartz  
Licensed Embalmer No. 4900

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.