

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32157

State File No. _____

FILED SEP 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>	PRIMARY REG. DIST. NO. <u>2001</u>	Registrar's No. <u>422</u>
1. PLACE OF DEATH a. COUNTY <u>Jasper.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>701 Byers Ave</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hosp.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-6-1953</u>		
3. NAME OF DECEASED a. (First) <u>Mary</u>		b. (Middle) <u>Agnes</u>		c. (Last) <u>O'Donnell</u>
5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
8. DATE OF BIRTH <u>12-3-1877</u>		9. AGE (In years last birthday) <u>75</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>Home making</u>		11. BIRTHPLACE (State or foreign country) <u>Bothlehem, Pennsylvania</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Daniel Dwyer</u>		
13b. MOTHER'S MARDEN NAME <u>Annie Mullins</u>		14. NAME OF HUSBAND OR WIFE <u>Sydney O'Donnell</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>NONE</u>		17. INFORMANT'S SIGNATURE OF NAME <u>Sydney J. O'Donnell</u> ADDRESS <u>Joplin, Mo.</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 (left)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive & arteriosclerotic</u> DUE TO (c) <u>the disease (hemorrhage)</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. SUICIDE OR 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>11/13</u> 19 <u>50</u> , to <u>9/6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-6</u> , 19 <u>53</u> , and that death occurred <u>12:30 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>421 Frisco Bldg, Joplin, Mo</u>		23c. DATE SIGNED <u>9/8/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-10-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Webb City Cem.</u>
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Joplin, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 21 1953

Jasper County Health Office

County File Number ~~53-9-1337~~ 760

Date Filed SEP 21 1953

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.

Signed.....
Student Embalmer

Signed *[Signature]*
Student Embalmer No.....

Licensed Embalmer No. 4770

P. O. Address *[Signature]* Poplar, 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.