

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7995**

FILED MAR 22 1954

BIRTH NO. _____ REG. DIST. NO. **387** PRIMARY REG. DIST. NO. **4085** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hale		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Grand River 0590	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) north west of Hale Mo	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) JAMES c. (Last) O'SHAUGHNESSY			4. DATE OF DEATH (Month) (Day) (Year) MARCH 13 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH AUG. 16 - 1915	9. AGE (In years last birthday) 38	10. UNDER 1 YEAR (Months) (Days) (Hours) (Mins.) 6 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY farmer		11. BIRTHPLACE (City and State or Foreign Country) Fulton Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME LUICE J. O'SHAUGHNESSY	13b. MOTHER'S MAIDEN NAME MARY MARGARET ROSE	14. NAME OF HUSBAND OR WIFE X
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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) YES WORLDWAR II	16. SOCIAL SECURITY NO. 487-24-8246	17. INFORMANT'S SIGNATURE OR NAME FRANCIS O'SHAUGHNESSY	ADDRESS SPRINGFIELD, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Right Chest Crushed DUE TO (c) Skull Fracture II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1940 chest, one car accident.		INTERVAL BETWEEN ONSET AND DEATH 82 3/4 31
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Seat Control of Car and run in ditch.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hale Mo. e. h.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hale Carroll 017 Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 13 1954 7:27 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto. Run in ditch.

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Loy Dickerson, Coroner	23b. ADDRESS Linn Mo	23c. DATE SIGNED 3-13-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR. 16 - 1954	24c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH CEMETERY 8 miles east of Mendon Mo.	24d. LOCATION (City, town, or county) (State) Hale Mo.
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DATE REC'D BY LOCAL REG. 3-16, 1954	REGISTRAR'S SIGNATURE Mrs Rex Henderson	49-0	25. FUNERAL DIRECTOR'S SIGNATURE Slater Funeral Home Hale Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 7 1962

MAR 23

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.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

S. L. Shepard
3970

Licensed Embalmer No. _____

P. O. Address _____

Mendon

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.