

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15154

State File No.

FILED JUN 7 1954

BIRTH NO.		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>2-08</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Cape Girardeau</u>)		c. LENGTH OF STAY (In this place) <u>32 yr</u>		c. CITY OR TOWN <u>Cape Girardeau</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>118 N Frederick</u>				e. STREET ADDRESS (If rural, give location) <u>118 N Fredrick</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margarete</u> b. (Middle) <u>Ohara</u> c. (Last) <u>Ohara</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 30 1954</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 27 1877</u>		9. AGE (In years last birthday) <u>76 1/2</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>3</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clarkton Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Harrison Fobey</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Gum</u>		14. NAME OF HUSBAND OR WIFE <u>E.B O'hara (Dead)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Ruth O'hara Cape Gir. 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u> <u>coronary involvement</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 Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>					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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>11/4/54</u> , 19 <u>54</u> to <u>5/30</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5/29</u> , 19 <u>54</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. H. O'Connell M.D.</u>				23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>6/1/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 2 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarkton Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Clarkton Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-2-54</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		GENERAL DIRECTOR'S SIGNATURE <u>Stanfield</u>		ADDRESS <u>Joc B. Howell Cape Gir 240</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *W H Estes*

Licensed Embalmer No. *359*
P. O. Address *Cape Girardeau*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.