

No. 300
10. 48

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3822

State File No.

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No.

43
0

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) Mexico	c. LENGTH OF STAY (in this place) 12 Hrs	c. CITY OR TOWN Mexico	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital		STREET ADDRESS (If rural, give location) RFD #5 Salt River TWP	

3. NAME OF DECEASED (Type or Print) a. (First) Raymond b. (Middle) Alonzo c. (Last) O'Hanlon	4. DATE OF DEATH (Month) (Day) (Year) Feb 18, 1955
--	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 17, 1913	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
--------------------	-------------------------------	--	---	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager, Production Credit Corp.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lincoln County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	--	--

13a. FATHER'S NAME Emmett O'Hanlon	13b. MOTHER'S MAIDEN NAME Stacia Bowles	14. NAME OF HUSBAND OR WIFE Virginia M. O'Hanlon
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-16-2849	17. INFORMANT'S SIGNATURE OR NAME Mrs. Virginia O'Hanlon, Mexico, MO.	ADDRESS
---	---	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Diabetes Mellitus		6 months 10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis		6 months	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 200X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) none	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 2/12, 1955, to 2/18, 1955; that I last saw the deceased alive on 2/18, 1955; and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE Thos. T. Sawyer, M.D.	(Degree or title)	23b. ADDRESS Mexico, Mo.	23c. DATE SIGNED 2/19/55
--	-------------------	------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-21-55	24c. NAME OF CEMETERY OR CREMATORY St. Alphonsus Cemetery	24d. LOCATION (City, town, or county) (State) Millwood, Missouri
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. Feb-19-1955	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Arnold Funeral Home Mexico, Mo.	ADDRESS
--	---	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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

APP 22 1955

EX-105 105

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 *Rep Miller*

Licensed Embalmer No. *J.H. 9*

P. O. Address *Merico*

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.