

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21838

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 7005

I. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Springfield</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 month</u>		e. STREET ADDRESS (If rural, give location) <u>1757 S. Fairway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Daisy</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>O'Hearn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 10, 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 31, 1893</u>		9. AGE (in years last birthday) <u>62</u> 0 <u>0</u> 9 <u>9</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>York County, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Ronell Stevens</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie C. Long</u>		14. NAME OF HUSBAND OR WIFE <u>Dennis O'Hearn</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Dennis O'Hearn</u>	
				ADDRESS <u>Springfield,</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Yellow Atrophy</u> <u>MO.</u> <u>Central nervous system</u>		INTERVAL BETWEEN ONSET AND DEATH <u>-3 days</u> <u>1-2 weeks</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>Infectious Hepatitis</u>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
		<u>Acute Hemorrhagic Gastroduodenitis</u>			

18a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				<u>092 X</u>	
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) <u>Springfield, MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 8-4-, 1955, to 8-10-, 1955, that I last saw the deceased alive on 8-10-, 1955, and that death occurred at 10:21 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold H. Lurie</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>609 Cherry</u> <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>8-10-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 12, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	
				24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>8/10/55</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carman</u>	
				ADDRESS <u>Springfield, Mo.</u>	

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

SEP 16 1959

SEP 22 1959

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 *L. Paulin G. ...*

Licensed Embalmer No. *317*

P. O. Address *Springfield*

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.