

No. 300
10-48

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1262**

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 5

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|--|-----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>IRON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSISSIPPI</u> b. COUNTY <u>IRON</u> | |
| b. CITY OR TOWN <u>IRON TON</u> | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARYS HOSPITAL</u> | | e. STREET ADDRESS (If rural, give location) <u>2 Mi West HOGAN</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> | b. (Middle) <u>ANNA</u> | c. (Last) <u>O'CONNOR</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8, 1956</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>OCT. 3, 1891</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 | 9. AGE (In years last birthday) Months Days <u>64</u> |
| | | 11. BIRTHPLACE (City and State or Foreign Country) <u>MARIANNA ARK</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>BOYD STARNES</u> | 13b. MOTHER'S MAIDEN NAME <u>NANCY WADE</u> | 14. NAME OF HUSBAND OR WIFE <u>E. R. O'CONNOR</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. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. R. O'CONNOR GLOVER MO</u> | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | | | <u>1 day</u> |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | |
| | | DUE TO (b) <u>Acute hypertension</u> | | <u>?</u> |
| | | DUE TO (c) <u>Acute myocarditis</u> | | <u>?</u> |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | |
| | | <u>331X</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT CHANGE <u>HOMICIDE</u> (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hogans Iron MO</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 8, 1956 m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>patient fell on her head</u> |
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22. I hereby certify that I attended the deceased from 1-8, 1956, to 1-8, 1956, that I last saw the deceased alive on 1-8, 1956, and that death occurred at 1:20 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>R. E. Harland, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Ironton, Missouri</u> | 23c. DATE SIGNED <u>1-13-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>JAN 10 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>GLOVER CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>GLOVER MO</u> |
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| DATE REC'D BY LOCAL REG. <u>1-14-56</u> | REGISTRAR'S SIGNATURE <u>Mrs. Gloria Jones</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WHITE FUNERAL HOME IRONTON</u> |
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(Licensed Embalmer's Statement on Reverse Side) Ann S. Collier MO

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

JAN 12 1956

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... *Amel J. White*

Licensed Embalmer No. *3012*

P. O. Address *Irvington*

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.