

FILED MAY 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13704**

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5594</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>RURAL-MERAMEC</u>		c. LENGTH OF STAY (In this place) <u>15 DAYS</u>		c. CITY OR TOWN <u>PACIFIC</u>		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 <u>St. Joseph's Hill Infirmary</u>				e. STREET ADDRESS (If rural, give location) <u>ROUTE 1 0500</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u> b. (Middle) <u>E</u> c. (Last) <u>O'CONNOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 21 1957</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN. 30 1887</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PACIFIC MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>PETER O'CONNOR</u>			13b. MOTHER'S MAIDEN NAME <u>MARY McCAFFREY</u>			14. NAME OF HUSBAND OR WIFE <u>ROSE EGAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Geo. Luch</u> ADDRESS <u>St. Joseph's Hill EUROKA</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</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.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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)		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>4/6/1957</u> , to <u>4/21/1957</u> , that I last saw the deceased alive on <u>4/19/1957</u> , and that death occurred at <u>5:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Warden</u> (Degree or title)			23b. ADDRESS <u>4323 ROLAND DR. NORMANDY</u>			23c. DATE SIGNED <u>4/21/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4/24/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick's Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Pacific MO</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 24, 1957</u>		REGISTRAR'S SIGNATURE <u>Robert C. Bauer</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Ben Schewe</u> ADDRESS <u>Catawissa - MO.</u>		

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

544-

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 29 1957

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.....
Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address 1220 Duhan

Floussant, Mo

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.