

FILED JUN 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16631

STATE FILE NUMBER

Registration District No. 101 Primary Registration District No. 4173 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ava</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Springfield</u> <u>0390</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dr. Office</u>				Length of stay in 1b		d. STREET ADDRESS <u>Box 63 Route 4</u> (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Billie</u> Middle <u>Jack</u> Last <u>O'Heilly</u>				4. DATE OF DEATH Month <u>5</u> Day <u>11</u> Year <u>1957</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <u>2-25-1957</u>		9. AGE (In years last birthday) <u>2</u> Months <u>2</u> Days <u>16</u> Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) <u>Lumberton, Miss.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>Lawrence O. O'Heilly</u>				14. MOTHER'S MAIDEN NAME <u>Lenelle Robertson</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 <u>Lawrence O' O'Heilly</u> Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Suffocation - acute</u> DUE TO (b) <u>Sleeping on Face</u> <u>9:24 P.M.</u> DUE TO (c) <u>46</u> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Post operative weakness - from Double hernia repair</u>										INTERVAL BETWEEN ONSET AND DEATH <u>20-30'</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)						
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>034</u> COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>2: P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>M. C. Gentry M.D.</u>						22b. ADDRESS <u>Ava Mo</u>			22c. DATE SIGNED <u>5-11-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-13-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Mt. Grove Mo.</u>				
24. FUNERAL DIRECTOR <u>Chicklinghead Funeral Home - Ava - Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>May 13 - 1957</u>		26. REGISTRAR'S SIGNATURE <u>Wesley Bushman</u>					

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S. 300  
1-56 3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Body not embalmed at the family request

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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 *Charles R. Fish* .....

Licensed Embalmer No. *466*

P. O. Address *Ava, 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.