THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 23458

FILED JUL 31 1957 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Vincent Hosp. — Length of stay in Ib 20 Mins.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lawrence
c. CITY OR TOWN Pierce City Mo. — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) R.F.D. 1 — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First: Rita Middle: Lucille Last: O'Neill
4. DATE OF DEATH Month: July Day: 20 Year: 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Dec. 4, 1922
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months 7, Days 16 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Monett, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Patrick Micheal FFlaherty
14. MOTHER'S MAIDEN NAME: Mary Ann Elbert
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Eugene O'Neill — Address: Pierce City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Thrombosis Femoral Vein — ?
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour, a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-15-57 to 7-20-57 and last saw her/him alive on 7/20/57
Death occurred at 2 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Frank J. Kerr (Degree or title) MD
22b. ADDRESS Monett Mo.
22c. DATE SIGNED 7-22-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-23-1957
23c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery
23d. LOCATION (City, town, or county) (State): Monett, Missouri
24. FUNERAL DIRECTOR ADDRESS: Mercer Funeral Home Monett, Mo.
25. DATE RECD. BY LOCAL REG.: 7-23-57
26. REGISTRAR'S SIGNATURE: Mrs. P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Frank J. Kerr, MD

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 757-125

DATE REC. 7-29-57

AUG 9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roy H. Mercer

Licensed Embalmer No. 443

P. O. Address Monett, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.