

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047072
STATE FILE NUMBER

REG FEB 2 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 33

| | | | | | |
|---|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Butler | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Poplar Bluff | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp | | Length of stay in lb 4 hrs | d. STREET ADDRESS (If outside, give location) R. R. # 3 | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Anthony F. O'Hara | | | 4. DATE OF DEATH Month Day Year Dec. 22, 1958 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 29, 1900 | | 9. AGE (In years last birthday) 58 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Bus Operator | | 10b. KIND OF BUSINESS OR INDUSTRY Bus Driving | 11. BIRTHPLACE (City and state or country) Sullivan, Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME William O'Hara | | 13b. MOTHER'S MAIDEN NAME Mary Stinson | | 14. NAME OF HUSBAND OR WIFE Thelma Venable O'Hara. | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Thelma O'Hara. Poplar Bluff, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Lung and Liver DUE TO (b) Primary origin unknown DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 hrs |
| 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 Month, Day, Year a.m. p.m. | | | | | |
| 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 COUNTY STATE | |
| 21. I attended the deceased from 19 Dec 58 to 22 Dec 58 and last saw him alive on 19 Dec 58 Death occurred at 7:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) [Signature] | | | 22b. ADDRESS Poplar Bluff, Mo. | | 22c. DATE SIGNED 19 Dec 58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Dec. 26, | 23c. NAME OF CEMETERY OR CREMATORY Catholic | | 23d. LOCATION (City, town, or county) Poplar Bluff, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Chapel, Poplar Bluff | | | 25. DATE RECD. BY LOCAL REG. 1/24/59 | 26. REGISTRAR'S SIGNATURE [Signature] | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED
JAN 28 1959

BUTLER CO. HEALTH CENTER

FILE No. _____

FEB 3 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 *Charles E. Mungle* _____

Licensed Embalmer No. *1977*

P. O. Address *Poplar Bluff*

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.