

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033304

FILED VS/ SEP 7 1960

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2378 STATE FILE NUMBER

DEED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>St. Louis</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Brentwood (17) Mo.</b>		a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		c. CITY OR TOWN <b>Brentwood (17)</b>	
Length of stay in lb <b>6 mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>1416 Oriole Pl</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>BETTY</b>		Middle <b>--</b>		Last <b>O'CONNOR</b>		Month <b>August</b> Day <b>3</b> Year <b>1960</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Oct 31, 1934</b>	9. AGE (last birthday) <b>25</b>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and state or country) <b>Longview, Texas</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Reno Ray Jones</b>			13b. MOTHER'S MAIDEN NAME <b>Dorothy Lundin</b>		14. NAME OF HUSBAND OR WIFE <b>Norbert O'Connor (Divorced)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT Address <b>Iowa Mrs. R.R. Jones, 701 Harrison, Burlington,</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Respiratory failure -- overdose of barbiturates</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Intentional ingestion of overdose of barbiturates</b>					
20c. TIME OF INJURY <b>7:45 subject found</b>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>living-room of apt.</b>		20f. CITY, TOWN, OR LOCATION <b>Brentwood</b>		COUNTY <b>St. Louis</b> STATE <b>Missouri</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21. I attended the deceased from _____ to _____ and last saw her/him alive on _____					
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Raymond David Coroner</b>				22b. ADDRESS <b>Clayton, Mo.</b>		22c. DATE SIGNED <b>8/13/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	23b. DATE <b>8-8-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE CREMATORY</b>		23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MO.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>C.R. LUPTON &amp; SONS, 7233 DELMAR BLVD.</b>				25. DATE RECD. BY LOCAL REG. <b>8-9-60</b>		26. REGISTRAR'S SIGNATURE <b>John C. Murphy Md.</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Don't. Muehlen  
Licensed Embalmer No. \_\_\_\_\_  
P. O. Address \_\_\_\_\_

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