

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-009935

STATE FILE NUMBER

Registration District No. 261 Primary Registration District No. 3048 Registrar's No. 59

AMENDED

FILED MAR 27 1961

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|--|--------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Maryville</u> | | Length of stay in 1b <u>1 day</u> | c. CITY OR TOWN <u>Maryville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>103 W-7th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Magdalen</u> Middle <u>O'Connell</u> Last <u>O'Connell</u> | | | 4. DATE OF DEATH Month <u>3</u> Day <u>17</u> Year <u>1961</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Cau</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-5-1895</u> |
| 9. AGE (last birthday) <u>65</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home-own</u> | 11. BIRTHPLACE (City and state or country) <u>Conception, Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>James Sullivan</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Walters</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jerry O'Connell</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>unknown</u> | 17. INFORMANT <u>Jerry O'Connell, Maryville, Mo.</u> |
| 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>Acute Cardiac Fibrillation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <u>Interval between onset and death: 9 hours</u> DUE TO (b) <u>Acute Thyrotoxicosis</u> <u>1 day</u> DUE TO (c) <u>Thyroid Adenoma</u> <u>Several yrs.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Maryville Missouri</u> COUNTY _____ STATE _____ | |
| 21. I attended the deceased from <u>March 16, 1961</u> to <u>March 17, 1961</u> and last saw her alive on <u>March 17, 1961</u> Death occurred at <u>12:05 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>W.R. Jackson, M.D.</u> (Degree or title) | | 22b. ADDRESS <u>Maryville Missouri</u> | 22c. DATE SIGNED <u>3-20-61</u> |
| 23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>3-20-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick Cem- Maryville, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Nicholson Funeral Home</u> ADDRESS <u>Maryville - Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>3-20-61</u> | 26. REGISTRAR'S SIGNATURE <u>Bess Holt</u> |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 George M. Ochsion

Licensed Embalmer No. 5114

P. O. Address Marysville

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.