

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012519

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 28

STATE FILE NUMBER

Arnold
AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 24 1961

1. PLACE OF DEATH
a. COUNTY Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar Length of stay in 1b 5 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barton
c. CITY OR TOWN Lamar Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 901 Truman Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
MARK PATRICK TIERNAN April 19 1961

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 6/12/1880 9. AGE (last birthday) 80 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) Retired Railroad Conductor - Frisco R. R. 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Monett, Missouri 12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME Mark P. Tiernan 13b. MOTHER'S MAIDEN NAME Catherine ? 14. NAME OF HUSBAND OR WIFE Georgia E. McQuary

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 Mrs. Norbert Heim, Lamar, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH Sudden
DUE TO (b) Coronary Artery Disease 5 yrs
DUE TO (c) Generalized Arteriosclerosis Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suspicion of Liver Disease? PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES 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 Month, Day, Year a.m. p.m.

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 5-28-56 to 4-19-61 and last saw her ^{him} alive on 4-10-61
Death occurred at 1:20 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Herbert M. Arnold M.D. 22b. ADDRESS Lamar, Missouri 22c. DATE SIGNED 4-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Apr 28 1961 23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery 23d. LOCATION (City, town, or county) (State) Lamar, Missouri

24. FUNERAL DIRECTOR ADDRESS Konantz Funeral Home, Lamar, Missouri 25. DATE RECD. BY LOCAL REG. APR 22 '61 26. REGISTRAR'S SIGNATURE Marie Kanantz

MAY 19 1961

MAY 2 1961

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 Arthur Bruce

Licensed Embalmer No. 4723

P. O. Address Lamar, 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.