

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023658

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 104

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

FILED JUN 19 1961 DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY **Saline**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Marshall** Length of stay in lb **14 Days**
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Fitzgibbon Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo** b. COUNTY **Saline**
 c. CITY OR TOWN **Slater** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **Saline Hotel** Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Daniel** Middle **Joseph** Last **O'Hearn**
4. DATE OF DEATH Month **June** Day **13** Year **1961**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. Married** **Never Married** **Widowed** **Divorced**
8. DATE OF BIRTH **1/21/1876** **9. AGE** (last birthday) **85** **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) **Switchman** **10b. KIND OF BUSINESS OR INDUSTRY** **Railroad** **11. BIRTHPLACE** (City and state or country) **Fort Dodge, Iowa,** **12. CITIZEN OF WHAT COUNTRY** **USA**

13a. FATHER'S NAME **Maurice O'Hearn** **13b. MOTHER'S MAIDEN NAME** **Catherine Grady** **14. NAME OF HUSBAND OR WIFE** **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes** **16. SOCIAL SECURITY NO.** **None** **17. INFORMANT** **Miss Beatrice O'Hearn** Address **KC, 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) *Broncho-pneumonia* **22 hrs**
 DUE TO (b) *Generalized Carcinomatosis* **10 Mon**
 DUE TO (c) *Carcinoma of Pharynx* **16 Mon**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) *Arterio-sclerosis Generalized*
 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** **Slater** **COUNTY** **Missouri** **STATE**

21. I attended the deceased from **12 June '61** **13 June '61** and last saw him alive on **13 June '61**
 Death occurred at **11:45** am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Of person signing) *E. J. McKeown* **22b. ADDRESS** **Marshall Mo** **22c. DATE SIGNED** **14 June '61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **23b. DATE** **June 16 1961** **23c. NAME OF CEMETERY OR CREMATORY** **Slater** **23d. LOCATION** (City, town, or county) **Slater, Missouri**

24. FUNERAL DIRECTOR **Haines Funeral Home** **ADDRESS** **Slater, Mo** **25. DATE RECD. BY LOCAL REG.** **6-15-'61** **26. REGISTRAR'S SIGNATURE** *Carl G. Read*

JUN 20 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 Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, 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: