

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011626

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 64

FILED APR 11 1962

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin MINERAL		c. CITY OR TOWN Joplin	
Length of stay in lb 60 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmhurst Convalescent Home		d. STREET ADDRESS (If outside, give location) 2023 Grand Ave.	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First BERNARD Middle WILLIAM Last O'HARA			4. DATE OF DEATH Month March Day 31 , Year 1962		
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5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-9-1871	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Miner & farmer	10b. KIND OF BUSINESS OR INDUSTRY Mining & Farming	11. BIRTHPLACE (City and state or country) Port Hope, Ontario, Canada	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Patrick O'Hara	13b. MOTHER'S MAIDEN NAME Catherine Roe	14. NAME OF HUSBAND OR WIFE Dec'd Laura Ann O'Hara, 9-28-1953
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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. Unk	17. INFORMANT Thomas M. O'Hara, Kansas City, Mo.
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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) Congestive Circulatory Failure		4 Days
DUE TO (b) Decompensated Heart Disease		1 Year
DUE TO (c) Arteriosclerosis		Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
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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.) None
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year _____
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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 _____
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21. I attended the deceased from **October 1955** to **March 31, 1962** and last saw him alive on **March 30, 1962**
Death occurred at **7:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE <i>J. T. [Signature]</i> (Degree or title) D.O.	22b. ADDRESS 211 West 20th St., Joplin, Mo.	22c. DATE SIGNED 4-3-62
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 4-3-1962	23c. NAME OF CEMETERY OR CREMATORY St. Agnes Cemetery,	23d. LOCATION (City, town, or county) (State) Wentworth, Missouri
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24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI	25. DATE RECD. BY LOCAL REG. 4-9-62	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Harvey E. Bruce

Licensed Embalmer No. 4463

P. O. Address Joplin 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.