

FILLED DEC 6 1941

Registration District No. 204

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 23012

38140

State File No. _____

Registrar's No. 37

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Cameron (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7th & Mulberry (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days)

3. (a) PRINT FULL NAME MARY HELEN O'NEAL
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thos. M. O'Neal 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Oct. 31 1879 (Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Bureau, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Baker

13. Birthplace Not known 9. (City, town, or county) (State or foreign country)

14. Maiden name Cassie Craft

15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant T. M. O'Neal

(b) Address Cameron Mo

17. (a) Burial (b) Date thereof 11/27-41 (Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem Cameron

18. (a) Signature of funeral director W. C. Allen

(b) Address Cameron Mo

19. Nov. 26 1941 (Date received local registrar) (b) W. C. Allen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton
(c) City or town Cameron (If outside city or town limits, write "RURAL")
(d) Street No. 7th & Mulberry (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25 year 1941 hour 4 minute 15 P. M.
21. I hereby certify that I attended the deceased from Nov 25 3 5 1941 to Nov 25 5 41 1941
that I last saw her alive on Nov 25 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Pectoris Duration not time

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: 948

Of operations _____

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. O. Elliloid (M. D. or other) _____

Address Cameron Mo Date signed 11/26 1941

OCT 24 1950

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Lyle C. Allen*

Licensed Embalmer No. *824*

P. O. Address *Cameron Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.