

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3729

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 4488 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morley, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morley, Missouri.	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Morley (City)	
d. FULL NAME OF HOSPITAL OR INSTITUTION George-Home-Neale, Jr.			

3. NAME OF DECEASED (Type or Print) a. (First) George	b. (Middle) B.	c. (Last) O'Neal Jr.	4. DATE OF DEATH (Month) (Day) (Year) 1 7 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5/10/1892	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 8 Days 27	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY - - -	11. BIRTHPLACE (State or foreign country) Scott Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME George B. O'Neal Sr.	13b. MOTHER'S MAIDEN NAME Anna Bryant	14. NAME OF HUSBAND OR WIFE - - -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. - - -	17. INFORMANT'S SIGNATURE OR NAME Early O'Neal	ADDRESS Sikeston, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wound, In Heart		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		c 9 1	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Morley Scott Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) L/7/49	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self Inflicted
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clayton P. Sikes	23b. ADDRESS Sikeston Mo.	23c. DATE SIGNED 1/10/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/9/49	24c. NAME OF CEMETERY OR CREMATORY Morley Cemetery	24d. LOCATION (City, town, or county) (State) Morley, Missouri.
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DATE REC'D BY LOCAL REG. 1-13-49	REGISTRAR'S SIGNATURE Mrs. T. F. Henry	303	25. FUNERAL DIRECTOR'S SIGNATURE Thylo Funeral Home	ADDRESS Sikeston Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,
149 - 74
1-16-49

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 _____

Genevieve Student Embalmer No. 251
working under my personal supervision.

Signed Genevieve
Student Embalmer

Signed James M. Scott
Licensed Embalmer No. 4350
P. O. Address East Prairie, 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 this body is not embalmed, fact should be so stated above.