

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23249

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>61</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>Haskell</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Haskell</u>			
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		d. STREET ADDRESS (If rural, give location)		46 10			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or <u>Infant Daughter of Elsie O'Neal - Fennell, Oaks</u> )			a. (First) <u>Elsie</u>			b. (Middle) <u>O'Neal</u>			
c. (Last) <u>Fennell, Oaks</u>			4. DATE OF DEATH (Month) (Day) (Year)			3-24-1949			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N. M.</u>		8. DATE OF BIRTH		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
3-24-1949		7-2		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Missouri		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Fennell, Oaks</u>		13b. MOTHER'S MAIDEN NAME <u>Elsie O'Neal</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Elsie O'Neal West Plains Mo</u>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cremature birth</u>				II. OTHER SIGNIFICANT CONDITIONS <u>Mother Secondary Anemia</u>				10 minutes	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES <u>Due to (b) Stelectasis</u>				7625	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>3/24</u> , 19 <u>49</u> , to <u>3/24</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/24</u> , 19 <u>49</u> , and that death occurred at <u>12:50 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>V. Knight S. Bailey D.O.</u>				23b. ADDRESS <u>107 Walnut West Plains Mo</u>				23c. DATE SIGNED <u>5/10/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edie Brown</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>			
DATE REC'D BY LOCAL REG. <u>6-27-49</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook 379</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson West Plains Mo</u>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

4/6

RECEIVED 7/5/49  
District Health Officer No. 2,  
District File Number 749510  
Date Filed 7-14-49

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.