

FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26175

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 881

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Way</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cambrian</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>No. Street listed</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>MARTHA</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>O'NEAL</u>	August	15	1949
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar 19, 1866</u>		9. AGE (In years, last birthday) <u>83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Atlanta, Georgia</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>Steve Barton</u>	13b. MOTHER'S MAIDEN NAME <u>Carolina Rogers</u>	14. NAME OF HUSBAND OR WIFE <u>Edward Charles O'Neal</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Albert O'Neal</u>

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>Tremor</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		742x
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION	21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 8-13, 1949, to 8-15, 1949, that I last saw the deceased alive on 8-14, 1949, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John M. Spencer</u> (Degree or title)	23b. ADDRESS <u>Joseph Mo.</u>	23c. DATE SIGNED <u>8-15-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 15, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Richmond</u>
24d. LOCATION (City, town, or county) (State) <u>Richmond Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank L. ...</u>	ADDRESS <u>Richmond</u>
DATE REC'D BY LOCAL REG. <u>Aug 15, 1949</u>	REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u> 3820	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 4066

P. O. Address Richmond, Va.

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.