No. 300
10-48

FILED JAN 3 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 41251

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5308

**1. PLACE OF DEATH**
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 60 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7516 WABASH AVENUE

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 3947 BROOKLYN AVENUE

62-48
7
8

**3. NAME OF DECEASED** (Type or Print)
a. (First): MARY
b. (Middle): CLEMENTINE B.
c. (Last): O'NEAL

**4. DATE OF DEATH** (Month) (Day) (Year): DEC.-11-1949

**5. SEX**: FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED
**8. DATE OF BIRTH**: FEB-1-1865
**9. AGE** (In years last birthday): 84 YEARS — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): AT HOME
**10b. KIND OF BUSINESS OR INDUSTRY**: ---
**11. BIRTHPLACE** (State or foreign country): UNKNOWN IOWA
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: UNKNOWN BUTLER
**13b. MOTHER'S MAIDEN NAME**: UNKNOWN
**14. NAME OF HUSBAND ~~OR WIFE~~**: JOHN O'NEAL

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO — (If yes, give war or dates of service): ---
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME**: MRS. OLIVER HENRY — ADDRESS: 3947 BROOKLYN KANSAS CITY MO

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Encephalomalacia — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Senility &
DUE TO (c): Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 33 X
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 7/4/, 1948, *to* 12/11/, 1949, *that I last saw the deceased alive on* 12/10/, 1949, *and that death occurred at* 10:00 P.M., *from the causes and on the date stated above.*

**23a. SIGNATURE** Edson C. Carrier (Degree or title): Edson C. Carrier, M.D.
**23b. ADDRESS**: 242 Plaza Med. Bldg.
**23c. DATE SIGNED**: 12/12/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): CREMATION
**24b. DATE**: DEC-14-1949
**24c. NAME OF ~~CEMETERY OR~~ CREMATORY**: D.W. NEWCOMER'S SONS
**24d. LOCATION** (City, town, or county) (State): KANSAS CITY MISSOURI

**DATE REC'D BY LOCAL REG.**: 12-14-49
**REGISTRAR'S SIGNATURE**: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE**: D.W. Newcomer's Sons — ADDRESS: 1331 BRUSH CREEK BLVD KANSAS CITY, MO

(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 Albert L. Savage, Student Embalmer No. 360 working under my personal supervision.

Student Albert L. Savage
Student Embalmer 360

Signed John E. Fraking
Licensed Embalmer No. 4483
P. O. Address Kansas City, 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.