

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11806

BIRTH NO. _____		REG. DIST. NO. 7		PRIMARY REG. DIST. NO. 3000		Registrar's No. 120				
1. PLACE OF DEATH: a. COUNTY <b>ADAIR</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>MISSOURI</b> b. COUNTY <b>ADAIR</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKSVILLE</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BRASHEAR</b> 0010						
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LAUGHLIN HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>9 MI - NORTH</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>RICHARD</b>			b. (Middle) <b>P.</b>		c. (Last) <b>McEONIGLE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 2 1950</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JULY 14 1870</b>		9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>GEN. FARMING</b>			11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>DANIEL McEONIGLE</b>			13b. MOTHER'S MAIDEN NAME <b>SARAH ZOLLINGER</b>			14. NAME OF HUSBAND OR WIFE <b>CATHERINE MULDOON</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>HENRY McEONIGLE BRASHEAR Mo.</b>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Cardiac Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>auricular Fibrillation</b>  DUE TO (c) <b>Chest Cold, Bronchial Asthma</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>?</b> <b>? 4331</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <b>April 23, 1950</b> , to <b>May 2, 1950</b> , that I last saw the deceased alive on <b>May 2, 1950</b> , and that death occurred at <b>6:08 Am.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>A. T. Rhoads, D.O.</b>				(Degree or title)		23b. ADDRESS <b>Kirksville, Mo.</b>		23c. DATE SIGNED <b>5-2-50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 4 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. MARY</b>			24d. LOCATION (City, town, or county) (State) <b>ADAIR Mo.</b>			
DATE REC'D BY LOCAL REG. <b>5-4-50</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Chas. Hoadley, Hurdland Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

0013  
0No. 300  
10.48

RECEIVED MAY 8 1950  
District Health Officer No. 1  
District File Number 5-50-785  
Date Filed .....

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 Geo B E Coley Jr.

Licensed Embalmer No. 3755

P. O. Address Hurdland, 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.