S. No. 300
. 10.48

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16613

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Arcadia
c. LENGTH OF STAY (in this place): 11 mos. 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): The Home for aged Baptists

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Arcadia
d. STREET ADDRESS (If rural, give location): 1½ Miles East on Highway 70

3. NAME OF DECEASED (Type or Print)
a. (First) Onie F. b. (Middle) Dollar c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): May 16, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Feb. 23, 1888
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 1, Days 23 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: Alfred A. Firestone
13b. MOTHER'S MAIDEN NAME: Martha M. Hunsaker
14. NAME OF HUSBAND OR WIFE: Charles Dollar

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.: 382-16-6804
17. INFORMANT'S SIGNATURE OR NAME: Jno. H. Burney — ADDRESS: Ironton, 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) acute bilateral bronchial pneumonia	2 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) cerebral hemorrhage	??
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		331 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 4-20-50, 19__, *to* 5-16-50, 19__, *that I last saw the deceased alive on* 5-16-50, 19__, *and that death occurred at* 7:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. E. Harland M.D.
23b. ADDRESS: Ironton, Missouri
23c. DATE SIGNED: 5-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 19-50
24c. NAME OF CEMETERY OR CREMATORY: Jackson City
24d. LOCATION (City, town, or county) (State): Jackson Mo

DATE REC'D BY LOCAL REG.: May 25, 1950
REGISTRAR'S SIGNATURE: Mrs. Avis Jones 128
25. FUNERAL DIRECTOR'S SIGNATURE: White Funeral Home — ADDRESS: Imiler Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 11 1950

RECEIVED

MAY 27 1950

DISTRICT HEALTH OFFICE No. 4

File No. 550-725

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 Ancel J White

Licensed Embalmer No. 3012

P. O. Address Imitor Inc.

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.