

FILED JUL 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24139**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **5818** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY <b>Morgan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Morgan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Moreau Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Moreau Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5 M. N. Barnett, Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>5 M. North Barnett, Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Cora</b> b. (Middle) <b>Taylor</b> c. (Last) <b>O'Neal</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 16, 1950</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 20, 1872</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>27</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Morgan, Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>J. Taylor</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Lunsford</b>		14. NAME OF HUSBAND OR WIFE <b>Louis O'Neal</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Louis O'Neal</b> ADDRESS <b>Barnett, Mo.</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hr</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>Barnett RR Morgan Mo</b>
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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?
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22. I hereby certify that I attended the deceased from **7/15**, 19**50**, to **7/16**, 19**50**, that I last saw the deceased alive on **7-15**, 19**50**, and that death occurred at **12:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. L. Allen</b> U (Degree or title)	23b. ADDRESS <b>Eldon Mo</b>	23c. DATE SIGNED <b>7/16/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 19-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hopwell Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Morgan Co., Missouri</b>
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DATE REC'D BY LOCAL REG. <b>July 20-1950</b>	REGISTRAR'S SIGNATURE <b>J. L. Washburn</b> <b>214</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. T. Kudrinski</b> ADDRESS <b>Wersailles, Mo.</b>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7/29  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 7/24/52

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

*Raymond C. Lorber*

Licensed Embalmer No. 4626

P. O. Address *Versailles, 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.