

No. 300  
10. 48

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32602

104  
13

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

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 252	
1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia</b> 0104			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>502 MAHESTER ST.</b>				d. STREET ADDRESS (If rural, give location) <b>411 North 9th St</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>		b. (Middle) <b>LaFayette</b>		c. (Last) <b>O'Neal</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 8 1950</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug 26 1874</b>		9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Boone Co Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Harvey Oneal</b>			13b. MOTHER'S MAIDEN NAME <b>Francis Louise Douglas</b>			14. NAME OF HUSBAND OR WIFE <b>Ida Hayton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Cecil O'Neal</b>		ADDRESS <b>Columbia R</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>					
		DUE TO (c) <b>Arteriosclerosis</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>331X</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)		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>noon</b> , 19 <b>10</b> , to <b>noon</b> , 19 <b>10</b> , that I last saw the deceased alive on <b>10</b> , and that death occurred at <b>8:45 P.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>Harry M. Luff</b>				23b. ADDRESS <b>40. Brown Columbia Mo</b>		23c. DATE SIGNED <b>10-10-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>October 11, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Providence</b>		24d. LOCATION (City, town, or county) (State) <b>Columbia Mo</b>	
DATE REC'D BY LOCAL REG. <b>Oct 10 1950</b>		REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>R. L. ...</b>		ADDRESS <b>Columbia Mo</b>	

RECEIVED 10-17-50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10-17-50

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*Guy A. Shelton*

Licensed Embalmer No. 4700

P. O. Address Columbia, Md

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.