

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

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36736**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1009</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Marshall</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield, Missouri</u>			c. LENGTH OF STAY in this place <u>20 days</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marysville</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>812 Broadway</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tom</u>		b. (Middle) _____		c. (Last) <u>O'NEIL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 15, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>7-16-90</u>	9. AGE (In years last birthday) <u>60</u>	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) <u>Bartender</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bartender</u>		11. BIRTHPLACE (State or foreign country) <u>Beattie, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Pat O'Neil</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Glynn</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>512 20 1194</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA Hosp. Records, Springfield, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>  ANTECEDENT CAUSES Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cor pulmonale</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>1. Pulmonary tuberculosis, far advanced</u> <u>2. Chronic pancreatitis, with calculi</u>					INTERVAL BETWEEN ONSET AND DEATH  <u>002X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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. <u>VA</u>		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 <u>Feb. 25</u> , 19 <u>48</u> , to <u>Nov. 15</u> , 19 <u>50</u> , that I first saw the deceased <del>alive on</del> <u>3:12 p.m.</u> , and that death occurred at <u>3:12 p.m.</u> , from the causes and on the date stated above.							
Signature <u>P. L. Eisele</u> (Degree or title)				23b. ADDRESS <u>VA Hospital, Springfield, Mo.</u>		23c. DATE SIGNED <u>11-16-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-21-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-16-50</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schneyer</u>		ADDRESS <u>F. H. S. M.</u>	

**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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield

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.