

STANDARD CERTIFICATE OF DEATH

12730

State File No.

1799

Registrar's No.

FILED MAY 14 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
c. LENGTH OF STAY (in this place) 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GENERAL HOSPITAL #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY JACKSON
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
d. STREET ADDRESS (If rural, give location) 1608 1/2 Kansas Avenue

3. NAME OF DECEASED
a. (First) MATTHEW
b. (Middle) _____
c. (Last) O'NEAL

4. DATE OF DEATH (Month) (Day) (Year)
APRIL 16 1951

5. SEX MALE
6. COLOR OR RACE NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH about 1886
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. NOT KNOWN 65 yrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) BRUNSWICK, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME HENRY O'NEAL

13b. MOTHER'S MAIDEN NAME HANIE

14. NAME OF HUSBAND OR WIFE EMMA O'NEAL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS EMMA O'NEAL 1608 1/2 Kansas Avenue

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
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RT MIDDLE LOBE PNEUMONIA
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
11. OTHER SIGNIFICANT CONDITIONS INANITION DEHYDRATION FULMONARY FIBROSIS, UREMIA MALNUTRITION, SENILITY

INTERVAL BETWEEN ONSET AND DEATH

470X

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) _____

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 4-11, 1951, to 4-16, 1951, that I last saw the deceased alive on 4-16, 1951, and that death occurred at 1:28P m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Davis (Degree or title) _____

23b. ADDRESS 600 East 22nd Street

23c. DATE SIGNED 4-17-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 4-25-51

24c. NAME OF CEMETERY OR CREMATORY WESTLAWN

24d. LOCATION (City, town, or county) (State) KANSAS CITY MO

DATE REC'D BY LOCAL REG. 4-25-51 REGISTRAR'S SIGNATURE Sheraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BRADY-BROWN 1708 TRACEY

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

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.