

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17345

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 5769		Registrar's No. 40	
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison			
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Lindley Twp.		c. LENGTH OF STAY (in this place) one month		c. CITY (If outside corporate limits, write RURAL and give township) Rural Madison Twp.		1650	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 miles N. E. of Cainsville, Mo.				d. STREET ADDRESS (If rural, give location) 3 miles due West of Cainsville, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Minnie			b. (Middle) -----			c. (Last) O'Neal	
4. DATE OF DEATH (Month) (Day) (Year) May 9 1951		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 19, 1884		9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homenaker		11. BIRTHPLACE (State or foreign country) Mercer County, Missouri.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Silas Woodward		13b. MOTHER'S MAIDEN NAME Nancy Jane Stanley		14. NAME OF HUSBAND OR WIFE Jack O'Neal Cainsville, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jack O'Neal Cainsville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension  DUE TO (c) -----  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 weeks  3 years or more	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (Min)	
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 March 2, 1951, to May 8, 1951, that I last saw the deceased alive on May 8, 1951, and that death occurred at 3:40 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Alfred C. Taff D. O.				23b. ADDRESS Cainsville, Missouri		23c. DATE SIGNED 5/9/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/11/51		24c. NAME OF CEMETERY OR CREMATORY Zoar Cemetery		24d. LOCATION (City, town, or county) (State) Cainsville, Mo.	
DATE REC'D BY LOCAL REG. 5-24-51		REGISTRAR'S SIGNATURE m-j Kell 393		25. FULL-TIME DIRECTOR'S SIGNATURE ADDRESS Cainsville, Mo.			

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, for by

Winifred S. Taff Wilson

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Winifred S. Taff Wilson

Licensed Embalmer No. 4716

Signed \_\_\_\_\_

Student Embalmer

P. O. Address Gainsville, 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.