

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33251

State File No. _____

FILED NOV 13 1951

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 951

0396

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Green e</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Republic</u>	
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>No street address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Johns Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilson</u>		b. (Middle) <u>S</u>	
c. (Last) <u>O'Neal</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 6 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>Jan 6, 1873</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Republic, Missouri</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Live Stock Farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>A J O'Neal</u>		13b. MOTHER'S MAIDEN NAME <u>Jane (Unknown)</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruby O'Neal</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs George Janes, Springfield, Missouri</u>	
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) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES - Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
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) (Minute)		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>1-19, 1948, to 11-6, 1951</u> , that I last saw the deceased alive on <u>11-6, 1951</u> , and that death occurred at <u>7:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>SB Lemmon Jr</u>		23b. ADDRESS <u>1100 Springfield, Mo</u>	
23c. DATE SIGNED <u>11-7-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov 9-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wade Chapel</u>	
24d. LOCATION (City, town, or county) (State) <u>Republic, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeier</u>	
DATE REC'D BY LOCAL REG. <u>11-9-51</u>		REGISTRAR'S SIGNATURE <u>W E Handlighter</u>	
ADDRESS <u>Springfield, Mo</u>		ADDRESS <u>BW</u>	

MAR 27 1956

MAR 15 1956

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 *James W. Warr*
Licensed Embalmer No. *4650*

P. O. Address *Springfield, 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.