

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17611**
Registrar's No. **283**

JUN 5 1952

BIRTH MO. _____ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **6033**

1. PLACE OF DEATH a. COUNTY Ripley.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Ripley.	
b. CITY OR TOWN Ponder, Rt. 6, Rural, Gatewood.	c. LENGTH OF STAY (in this place) 5 years.	c. CITY OR TOWN Ponder, Rt. 6, Rural, Gatewood twsp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 17 Mi. West of Doniphan, Mo.		d. STREET ADDRESS (If rural, give location) 17 Mi. West of Doniphan, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Cornelius	b. (Middle) B.	c. (Last) O'Neal	4. DATE OF DEATH (Month) (Day) (Year) May 13, 1952.
--	-----------------------	-------------------------	---

5. SEX Male.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH Sept. 20, 1878.	9. AGE (In years last birthday) 73.	if under 1 year 73 Hours 15 Min. 25	if under 1000 Hours 15 Min. 25
---------------------	--------------------------------	--	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming.	10b. KIND OF BUSINESS OR INDUSTRY Agriculture.	11. BIRTHPLACE (State or foreign country) Oregon County, Missouri.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	---	---	--

13a. FATHER'S NAME Billy O'Neal.	13b. MOTHER'S MAIDEN NAME Isabell Patterson.	14. NAME OF HUSBAND OR WIFE Lou O'Neal.
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. - - - - -	17. INFORMANT'S SIGNATURE OR NAME Mrs. B. M. Snodgrass.	ADDRESS Ponder, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2-1-52
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 331X	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) _____	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 **4-1-52** to **May 13, 1952**, that I last saw the deceased alive on **April 17, 1952**, and that death occurred at **10:50 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE Clifford Yofoorth, M.D.	(Degree or title) _____	23b. ADDRESS Doniphan, Mo.	23c. DATE SIGNED 5-14-52.
---	-------------------------	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.	24b. DATE May 15, 1952.	24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery.	24d. LOCATION (City, town, or county) (State) Oregon Co., Missouri.
--	--------------------------------	---	--

DATE REC'D BY LOCAL REG. 5-15-52	REGISTRAR'S SIGNATURE E. D. Johnston	25. FUNERAL DIRECTOR'S SIGNATURE Rau Mears.	ADDRESS Doniphan, Mo.
---	---	--	------------------------------

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

910

APR 23 1952

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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan

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.