.S. No. 300
ev. 10.48

0380
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20064

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4198 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): King City
c. LENGTH OF STAY (In this place): 8 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Daws Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Gentry 0380
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanberry, Mo.
d. STREET ADDRESS (If rural, give location): 9

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Effie c. (Last) Oneal
4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 52
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 4-21-1870
9. AGE (In years last birthday): 82 IF UNDER 1 YEAR: Months 1 Days 19 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Clay County, Mo. 0
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Wm. Bridges
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Lewis E. Oneal
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Adam E. Oneal ADDRESS: Stanberry Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of face — INTERVAL BETWEEN ONSET AND DEATH 1½ yr

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 1918
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) m.
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* Oct 12, 19 52, *to* _____, 19____, *that I last saw the deceased alive on* June 6, 19 52, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. S. Blackburn M.D. (Degree or title)
23b. ADDRESS: King City Mo
23c. DATE SIGNED: 6/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-12-52
24c. NAME OF CEMETERY OR CREMATORY: High Ridge
24d. LOCATION (City, town, or county) (State): Stanberry, Mo.

DATE REC'D BY LOCAL REG.: June 16-52
REGISTRAR'S SIGNATURE: Maude Williams 463
25. FUNERAL DIRECTOR'S SIGNATURE: R. G. Taggart ADDRESS: King City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City, 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.