

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27428

State File No.

FILED SEP 2- 1952

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5187 Registrar's No. 52

2160

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hubble</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hubble</u>	
c. LENGTH OF STAY (In this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles SW Gardouville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles South W. Gardouville</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EDWARD</u>	b. (Middle) <u>ALEXANDER</u>	c. (Last) <u>ONEAL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-22-1952</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct 16-1869</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grain & Stock</u>	11. BIRTHPLACE (State or foreign country) <u>Berkshire Mo</u>	12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>James O Neal</u>	13b. MOTHER'S MAIDEN NAME <u>Adeline Thompson</u>	14. NAME OF HUSBAND OR WIFE <u>Elmer Kinder O Neal</u>
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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>Romer O Neal</u>	ADDRESS <u>Jackson Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regurgitation</u>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Gardouville, Mo. MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>10 A. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from July 18, 1952 to Aug 22, 1952 that I last saw the deceased alive on Aug 22, 1952 and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. W. Ford M.D.</u>	23b. ADDRESS <u>Gardouville, Mo.</u>	23c. DATE SIGNED <u>Aug 22 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 24</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug 30 1952</u>	REGISTRAR'S SIGNATURE <u>L. G. Sabour 438</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Miller</u>	ADDRESS <u>Jackson Mo</u>
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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  _____

Licensed Embalmer No. 24327 _____

P. O. Address Jackson, 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.