

STANDARD CERTIFICATE OF DEATH

State File No. 1567  
410

FILED FEB 14 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>4 yrs</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>525 Skiles Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>525 Skiles Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>525 Skiles Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>JOHN</b>	a. (First) <b>JOHN</b>	b. (Middle) <b>SPENSER</b>	c. (Last) <b>O'NEAL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1 21 53</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>1/28/1890</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Mth. Hours	IF UNDER 1 Mth. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CONSTRUCTION WORKER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Berryville ARK.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
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13a. FATHER'S NAME <b>Columbus O'Neal</b>	13b. MOTHER'S, MAIDEN NAME <b>Margaret Butler</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>yes WWI</b>	16. SOCIAL SECURITY NO. <b>445-10-6057</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Geo. Yocum</b>	ADDRESS <b>525 Skiles Ave</b>
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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, asthma, 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) <b>CARCINOMA RIGHT LUNG</b>		<b>6 Mos</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) GENERALIZED METASTATIC CARCINOMATOSIS</b>		<b>2 Mos</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>162X</b>	

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)	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 **9-12-** 19**52**, to **1-21-** 19**53**, that I last saw the deceased alive on **1-** 19**53**, and that death occurred at **11** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Thos. S. Gage</b> (Type or title) <b>MD</b>	23b. ADDRESS <b>1803 Jackson</b>	23c. DATE SIGNED <b>1/22/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/25/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Blue Eye Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>STONE CO. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-22-53</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John P. Sheil</b>	ADDRESS <b>D.C. Mo.</b>
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(Licensed Embalmers' Statement on Reverse Side)

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

FEB 2 1953

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 Richard C. Carroll

Licensed Embalmer No. 4829

P. O. Address R. C. 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.