

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8591

State File No. \_\_\_\_\_

FILED FEB 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6270 Registrar's No. 13

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

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL UNION</u> c. LENGTH OF STAY (in this place) <u>16 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL UNION</u> <u>1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>JANE</u> c. (Last) <u>ONEAL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 7 1953</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIAGE STATUS (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB 4 1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) (Specify) <u>70</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>PHILIPSBURG MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>DEYI KNIGHT</u>		13b. MOTHER'S MAIDEN NAME <u>RUTH CAFFEY</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN ONEAL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>JOHN ONEAL NIANGUA MO</u> ADDRESS _____	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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?	
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22. I hereby certify that I attended the deceased from Feb 7, 1953 to same, 1953, that I last saw the deceased alive on Feb 7, 1953, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Notar E Yentzen M.D.</u>		23b. ADDRESS <u>Marshallfield Mo.</u>		23c. DATE SIGNED <u>Feb 10 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-10-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CONWAY</u>	
		24d. LOCATION (City, town, or county) <u>CONWAY</u>		(State) <u>MO</u>	

DATE REC'D BY LOCAL REG. <u>2-16-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>392-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER-BARTO MARSHFIELD</u> ADDRESS _____	
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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 R. W. Barber

Licensed Embalmer No. 3848

P. O. Address 1212 1/2 Ave. S. E.

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.