

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5930

FILED JAN 14 1954

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

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 7 YEAR	
d. FULL NAME OF HOSPITAL OR INSTITUTION Warwick Nursing Home		d. STREET ADDRESS (If rural, give location) 2404 East 67th Terrace	
3. NAME OF DECEASED (Type or Print) a. (First) Blanche		b. (Middle) O' Neal	
c. (Last) O' Neal		4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1953	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan, 22, 1862	
9. AGE (In years last birthday) 91		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) ARORA, INDIANA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME T.T. WILSON		13b. MOTHER'S MAIDEN NAME SARAH SPEES	
14. NAME OF HUSBAND OR WIFE THOS. H. O'NEAL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. CLIFFE GRIFFIN ADDRESS 2404-E-67 TER.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u> 2. ANTECEDENT CAUSES <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> 3. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH -50066	
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) (Min.)		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 MAR 1953 , to DEC 16, 1953 , that I last saw the deceased alive on DEC 1, 1953 , and that death occurred at 3:15 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE P. C. Quistgard (Degree or title) MD		23b. ADDRESS 6766 Pershing, Overland Park, Mo.	
23c. DATE SIGNED 12-16-53		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE DEC-18-1953		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM.	
24d. LOCATION (City, town, or county) (State) KANSAS CITY Mo.		25. FUNERAL DIRECTOR'S SIGNATURE DW MULLIKENS ADDRESS 1761 BRUSH CREEK, KANSAS CITY, MO.	
DATE REC'D BY LOCAL REG. 12-18-53		REGISTRAR'S SIGNATURE Heraldine Smith	

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 Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address K.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.