

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44408

FILED DEC 17 1953

State File No. 11637
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 11637			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY	
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips				e. STREET ADDRESS (If rural, give location) 911 N. 22nd Street				2219	
3. NAME OF DECEASED (Type or Print) a. (First) Victor			b. (Middle) O'Neal			c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) December 6, 1953			5. SEX Male			6. COLOR OR RACE Negro			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married			8. DATE OF BIRTH June 4, 1905			9. AGE (In years, last birthday) 48			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Ruberoid Asbestos			11. BIRTHPLACE (City and State or Foreign Country) Monticella, Arkansas			
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13a. FATHER'S NAME Peter O'Neal			13b. MOTHER'S MAIDEN NAME Eddie Gaines			
14. NAME OF HUSBAND OR WIFE Pauline O'Neal			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 456-19-1795			
17. INFORMANT'S SIGNATURE OR NAME Pauline O'Neal			ADDRESS 911 N. 19th St.			18. CAUSE OF DEATH			
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) ANTECEDENT CAUSES Cerebral Hemorrhage (Cerebellar) DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR? 331X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19 and that death occurred at 2:51 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Patrick C. Taylor			23b. ADDRESS 1300 Clark			23c. DATE SIGNED 12.9.53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-12-53		24c. NAME OF CEMETERY OR CREMATORY Shady Grove		24d. LOCATION (City, town, or county) (State) McGhee, Arkansas			
DATE REC'D BY LOCAL REG. DEC 9 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE E. R. Kover		ADDRESS 1221 N. Grand			

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

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.....
Signature of Student Embalmer

Signed *Rayton Swan*.....

Licensed Embalmer No. *4580*.....

P. O. Address *1221 Grand*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.