

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15492**
 BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN N. Willow St.	
c. LENGTH OF STAY (in this place) 38 Yrs.		d. STREET ADDRESS (If rural, give location) 0 2 80	
d. FULL NAME OF HOSPITAL OR INSTITUTION Graves Rest Home		e. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mrs. Sarah E. Oneale	Sarah	E.	Oneale	May 9 1954

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 10 1861	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Near St. Joseph, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Samuel B. Couch	13b. MOTHER'S MAIDEN NAME Rachael A. Gum	14. NAME OF HUSBAND OR WIFE Jesse N. Oneale
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mabel Taylor Stanberry, Mo.	ADDRESS 4221
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 7 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arterio Sclerosis (General)		
	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 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 April 1, 1954, to May 9, 1954, that I last saw the deceased alive on May 9, 1954, and that death occurred at 79m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. J. McEligan	23b. ADDRESS R.O. Stanberry Mo	23c. DATE SIGNED 5-10-54
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24a. BURIAL / CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/11/54	24c. NAME OF CEMETERY OR CREMATORY High Ridge	24d. LOCATION (City, town, or county) (State) Stanberry Gentry, Mo.
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DATE REC'D BY LOCAL REG. May 10-54	REGISTRAR'S SIGNATURE Maudie Williams	462	25. FUNERAL DIRECTOR'S SIGNATURE John J. Phillips	ADDRESS Stanberry
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-480850
4

240 61

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.....

Leroy F. Phillips

Licensed Embalmer No. 1898

P. O. Address Staten Island, N.Y.

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.