

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1954

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5046 Registrar's No. 63

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

1. PLACE OF DEATH a. COUNTY <u>Barry County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Crane Creek Twp</u>		c. CITY OR TOWN <u>Aurora Rtd</u>	
c. LENGTH OF STAY (In this place)		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 1/2 south East of Aurora</u>		e. STREET ADDRESS (If rural, give location) <u>6 1/2 south East of Aurora 8058</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marion</u> b. (Middle) <u>Atchey</u> c. (Last) <u>O'Neak</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 1-1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>March 20 1880</u>		9. AGE (In years last birthday) <u>74</u>		10. UNDER 1 YEAR Days <u>3</u> 11. UNDER 2 HRS. Hours <u>10</u> Min.	
10a. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ark</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Marion O'Neak</u>		13b. MOTHER'S MAIDEN NAME <u>Mattha Ware</u>		14. NAME OF HUSBAND OR WIFE <u>Edley O'Neak</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edley O'Neak</u> ADDRESS <u>Aurora MO R-1</u>	

18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		DUE TO (b) <u>Atherosclerosis</u>		<u>7/1/54</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		<u>years.</u>	
2. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. _____			

19a. DATE OF OPERATION <u>None</u>		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) _____		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 July 1, 1954 to July 1, 1954, that I last saw the deceased alive on July 1, 1954, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. B. L. Belsey M.D.</u> (Degree or title)		23b. ADDRESS <u>Aurora</u>		23c. DATE SIGNED <u>7/13/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/14/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Orange</u>	
24d. LOCATION (City, town, or county) (State) <u>1/2 mile North Aurora MD</u>					

DATE REC'D BY LOCAL REG. <u>7-12-54</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u> 10-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blair Marsh</u> ADDRESS <u>Aurora MD</u>	
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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 754-63

DATE REC. 7-17-54

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 Myself, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Oscar L. Marsh

Licensed Embalmer No. 3812

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