

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39802**

FILED NOV 23 1954

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **199**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall	c. LENGTH OF STAY (In this place) 1 Day	c. CITY OR TOWN Blackwater	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Fitzsimmons Hospital.		e. STREET ADDRESS (If rural, give location) --- No street names or nos. 0270	

3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) _____ c. (Last) Oneal			4. DATE OF DEATH (Month) (Day) (Year) November 17 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 7 1871	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and State or Foreign Country) Blackwater, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Amos Oneal.	13b. MOTHER'S MAIDEN NAME Lucinda Cramer	14. NAME OF HUSBAND OR WIFE Belle Crockett Oneal.
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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. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Robert Oneal.	ADDRESS Blackwater, Mo.
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure ANTECEDENT CAUSES (b) Chronic endocarditis 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
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 (Month) (Day) (Year) (Hour) OF INJURY	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 **May 1947** to **Nov. 17, 1954**, that I last saw the deceased alive on **Nov. 16, 1954**, and that death occurred at **Blackwater, Mo.**, from the causes and on the date stated above.

23a. SIGNATURE B. Blalock M.D.	(Degree or title)	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 11-18-54
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE Nov. 19 1954	24c. NAME OF CEMETERY OR CREMATORY Old Lamine	24d. LOCATION (City, town, or county) (State) Cooper County, Missouri.
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DATE REC'D BY LOCAL REG. 11.19.54	REGISTRAR'S SIGNATURE Sidney T. Gray 385-	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller,	ADDRESS Boonville, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

SEP 8 1955

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 *G. F. Boller*.....

Licensed Embalmer No. *3062*

P. O. Address *Boonville*

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.