

FILED JAN 17 1955

STANDARD CERTIFICATE OF DEATH

State File No. 2119

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6001 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY RALLS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RALLS	
b. CITY OR TOWN RURAL SALINE TOWNSHIP		c. CITY OR TOWN HUNTINGTON, MO	
c. LENGTH OF STAY (in this place) 74 Yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION HUNTINGTON, MO R1		e. STREET ADDRESS (If rural, give location) HUNTINGTON, MO R.1	

3. NAME OF DECEASED (Type or Print) a. (First) ELMER b. (Middle) _____ c. (Last) ONEAL			4. DATE OF DEATH (Month) (Day) (Year) JAN 4 1956		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH SEPT 23, 1880		9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR Months 3 Days 12	
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) PIKE COUNTY, Ill	
12. CITIZEN OF WHAT COUNTRY A.					

13a. FATHER'S NAME ELIAS ONEAL		13b. MOTHER'S MAIDEN NAME MARY TUCKER		14. NAME OF HUSBAND OR WIFE VIOLA 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 ADDRESS <i>Mrs Viola Oneal Huntington, Mo R1</i>	
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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) CORONARY THROMBOSIS				INTERVAL BETWEEN ONSET AND DEATH FEW	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				Minutes -	
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 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) 4201	
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 9, 1954, to JAN 4, 1955, that I last saw the deceased alive on July 27, 1954, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Harold F. Ellis D.O.</i>		23b. ADDRESS <i>Moore City, Mo.</i>		23c. DATE SIGNED <i>1-5-55</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-6-55		24c. NAME OF CEMETERY OR CREMATORY ARIEL CEMETERY		24d. LOCATION (City, town, or county) (State) RALLS COUNTY, MO	
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DATE REC'D BY LOCAL REG. 1/6/55		REGISTRAR'S SIGNATURE <i>Clyde E. Weeber</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wilson + Son's Moore City, Mo</i>	
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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 *Leslie L. Hilary*.....

Licensed Embalmer No. *3014*.....

P. O. Address *Monroe City, 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.