

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14726

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>488</u>			
1. PLACE OF DEATH a. COUNTY <u>Ouchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>					
b. CITY OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>154-10 days</u>		c. CITY OR TOWN <u>Albany</u>		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 <u>State Hospital No. 2</u>				e. STREET ADDRESS (If rural, give location) <u>Rural</u>					
3. NAME OF DECEASED (Type or Print) <u>Clarence</u>			a. (First)		b. (Middle)		c. (Last) <u>O'Neal</u>		
4. DATE OF DEATH <u>May 10 1955</u>		(Month) (Day) (Year)		4. DATE OF DEATH		(Month) (Day) (Year)			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Nov. 1 1891</u>			
9. AGE (in years last birthday) <u>63-6-9</u>		IF UNDER 1 YEAR Months Days Hours Min.		9. AGE (in years last birthday)		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Gentry Co., Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Cris O'Neal</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Hilton</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tom O'Neal, Stanberry, MO</u>				ADDRESS	
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) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hy pertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mental deficient & psychiatric episodes</u>						INTERVAL BETWEEN ONSET AND DEATH <u>14N</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>743 X</u>						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 <u>April 14, 1955</u> , to <u>May 10, 1955</u> , that I last saw the deceased alive on <u>May 9, 1955</u> , and that death occurred at <u>4:30 A. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joseph Thomas M.D.</u>				23b. ADDRESS <u>State Hosp No 2 St Joseph MO</u>			23c. DATE SIGNED <u>3/10-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/10/1955</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Stanberry, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>May 13, 1955</u>		REGISTRAR'S SIGNATURE <u>Cather M. Allison</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Heater Bowman</u> ADDRESS <u>Funeral Home St Joseph Mo</u>				

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.....
Eugene Wood

Licensed Embalmer No. *3807*

P. O. Address *39 S. 10th St*

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.