

FILED AUG 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23246

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, write RURAL and give township) Ft. Leonard Wood		c. CITY OR TOWN Chicago	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) 6436 N Whipple	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) E.	c. (Last) O'Neil	4. DATE OF DEATH (Month) (Day) (Year) 8/4/55
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 31, 1919	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done or last occupation in life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) Georgia	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Anna Mae O'Neil Chicago, Ill
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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. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise McGuire 803 N. Lorel
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) skull fracture and crushing injuries result plane crash		
	ANTECEDENT CAUSES injuries result plane crash Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 861X			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 39	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ft. Wood	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ft. Wood 085 Pulaski MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 4 55 12:35	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Airplane Crash
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22. I hereby certify that I attended the deceased from **on Aug. 4 1955**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:35** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) County Coroner B. Hedges	23b. ADDRESS Richland, Missouri	23c. DATE SIGNED 8/8/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Embalmed	24b. DATE 8/7/55	24c. NAME OF CEMETERY OR CREMATORY UNKNOWN	24d. LOCATION (City, town, or county) (State) Chicago, Ill
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DATE REC'D BY LOCAL REG. 8-7-55	REGISTRAR'S SIGNATURE Paula Gipe Anderson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedges Funeral Home Crocker, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8-7-55
Pulaski County Health Officer
File Number 8-7-55
Date Filed 8-7-55

SEP 15 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 *Walter P. ...*

Licensed Embalmer No. *476*
P. O. Address *Berlin, 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.