

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41391

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5789 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>MISSISSIPPI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MISSISSIPPI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-ST. JAMES</u>		c. LENGTH OF STAY (in this place) <u>56 YEARS</u>	c. CITY OR TOWN _____
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) <u>JESSE</u>	a. (First)	b. (Middle) _____	c. (Last) <u>O'NEAL</u>	4. DATE OF DEATH <u>DEC. 14, 1955</u>
--	------------	-------------------	-------------------------	---------------------------------------

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 27, 1895</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. 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 <u>DAY LABOR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BEULA Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	--

13a. FATHER'S NAME <u>GREGORY O'NEAL</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>VIRGIE O'NEAL</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (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>Mrs. Eva Elsie Charleston</u>	ADDRESS <u>MO</u>
---	-------------------------------------	--	-------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH... <u>9 Days</u>
	ANTECEDENT CAUSES 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. <u>493x</u>		

19a. DATE OF OPERATION _____	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) (m.) _____	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 Dec. 5, 1955, to Dec. 14, 1955, that I last saw the deceased alive on Dec. 13, 1955, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. P. Martin MD</u>	(Degree or title)	23b. ADDRESS <u>East Prairie Mo</u>	23c. DATE SIGNED <u>12-22-55</u>
---------------------------------------	-------------------	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>DEC. 15, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DO & WOOD</u>	24d. LOCATION (City, town, or county) (State) <u>MISSISSIPPI MO</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>12-31-55</u>	REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Thelby East Prairie Mo</u>	ADDRESS _____
--	---	--	---------------

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

JAN 2 R

RECEIVED

Miss. Co. Health

County File No.

Date Filed JAN 6

JAN 10 1953

MAR 1 1953

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 *T. Travis Shelby Jr.*

Licensed Embalmer No. *494*

P. O. Address *East...*

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.