

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24787
STATE FILE NUMBER

FILED AUG 8 - 1956

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 264

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cantwell		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Turpin Nurs. Home			Length of stay in lb 1 Month	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Louisa Middle J Last O'Neal				4. DATE OF DEATH Month July Day 28 Year 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 11th. 1861		9. AGE (In years last birthday) 95 IF UNDER 1 YEAR Months 5 Days 17 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Memphis, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Eugene Hubble				14. MOTHER'S MAIDEN NAME Amelia Hector			
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. None		17. INFORMANT Turpin Nursing Home, Flat River, Mo Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic malnutrition DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 4500
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from July 23, 1956 to July 23, 1956 and last saw her him alive on July 23, 1956 Death occurred at 8:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Louisa O'Neal</i> (Degree or title) MD				22b. ADDRESS Bonne Terre, Missouri		22c. DATE SIGNED 7-28-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/30/1956	23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery		23d. LOCATION (City, town, or county) (State) Farmington Mo.		
24. FUNERAL DIRECTOR Boyer & Son ADDRESS Desloge, Mo			25. DATE RECD. BY LOCAL REG. July 28, 1956		26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>		

(Licensed Embalmer's Statement on Reverse Side)

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 *B. T. Boyer*.....

Licensed Embalmer No. *3*.....

P. O. Address *Des Moines*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.