FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34501
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 186

0972

1. PLACE OF DEATH a. COUNTY Saline	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall, Mo. Inside Limits Yes ☑ No ☐	c. CITY OR TOWN Marshall Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Fitzgibbon Hosp. Length of stay in 1b .17Yrs.	d. STREET ADDRESS (If outside, give location) 1305 So. Benton Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print)	First: George	Middle: Everett	Last: O,Neal	4. DATE OF DEATH	Month: Oct. Day: 11 Year: 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Dec.2-1877	9. AGE (In years last birthday): 79	IF UNDER 1 YEAR: Months 10 Days 9; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret.Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Own Farm	11. BIRTHPLACE (City and state or country): Sweet Springs,Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: James O.Neal		14. MOTHER'S MAIDEN NAME: Pearl VanBuskirk			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -	16. SOCIAL SECURITY NO. -	17. INFORMANT Address: Mrs.George E.O.Neal-Marshall,Mo.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Diabetic Coma — INTERVAL BETWEEN ONSET AND DEATH 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertention — ?
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 26CX

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Oct 9 1957 to Oct 11 and last saw her/him alive on Oct 11-1957
Death occurred at 6:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert C. Haynes M.D.

22b. ADDRESS Marshall Mo

22c. DATE SIGNED 10/12/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10/13/57	23c. NAME OF CEMETERY OR CREMATORY: Ridge Park	23d. LOCATION (City, town, or county) (State): Marshall, Missouri
24. FUNERAL DIRECTOR ADDRESS: J Leslie Sweeney - Marshall Mo		25. DATE RECD. BY LOCAL REG.: 10-12-57	26. REGISTRAR'S SIGNATURE: Cecil G. Read

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard terms. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....J. Leslie Sweeney

Licensed Embalmer No...3.

P. O. Address Marsh

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.