

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029500

STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 169 Primary Registration District No. 5622 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY KNOX	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 1 1/2 M. No. Knox City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 0520
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway Rte. V		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 6 M. N. Knox City
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ROBERT Middle (none) Last O'NEAL			4. DATE OF DEATH Month Sept Day 5 Year 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 15, 1935		9. AGE (In years last birthday) 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reg. army		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Knox County, Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Paul H. O'Neal, Sr		13b. MOTHER'S MAIDEN NAME Venile Alice Powers		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes Feb 11, 1954		16. SOCIAL SECURITY NO. 480-40-5836	17. INFORMANT Paul H. O'Neal, Sr Address Knox City, Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Punctured lungs & severed artery Possibly ascending aorta or branch.		INTERVAL BETWEEN ONSET AND DEATH 30 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Trauma Arterial		
DUE TO (c) Auto accident		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		2

20a. ACCIDENT <input checked="" 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.) Auto accident causing injuries to chest by hitting steering wheel.	
20c. TIME OF INJURY 11:30 a.m. 9 5 38		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION 1 1/2 mi North Knox City Knox Mo
21. I attended the deceased from 11:40 A , to _____ and last saw her/him alive on _____ Death occurred at 2:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE Walter B. Isom MD (Degree or title)	22b. ADDRESS Knox City, Mo.	22c. DATE SIGNED 9/5/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8 Sept '58	23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cem.
		23d. LOCATION (City, town, or county) (State) Knox County, Mo.

24. FUNERAL DIRECTOR W. R. Primer Address Edina Mo	25. DATE RECD. BY LOCAL REG. Sept 9-1958	26. REGISTRAR'S SIGNATURE Helle L. Hunolt
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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3003
1-57

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SEP 17 1958

OCT 6 1958

SEP 20 1958

SEP 19 1958

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 *ASG*

Licensed Embalmer No. *5041*
P. O. Address *Edina, Mn*

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.