pt. Health,
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S. Public
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S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035266
STATE FILE NUMBER

FILED SEP 23 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY Vernon	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Nevada — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Nevada — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 323 No. Cedar — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 323 N. Cedar — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Ruth	Middle: Gertrude	Last: O'Neal	4. DATE OF DEATH Month Day Year: Sept. 17 1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Sept. 17, 1926	9. AGE (In years last birthday) 32 — 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): Operator	10b. KIND OF BUSINESS OR INDUSTRY: Telephone	11. BIRTHPLACE (City and state or country): Bates Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME: Lewis Covington	13b. MOTHER'S MAIDEN NAME: Minnie Cowan	14. NAME OF HUSBAND OR WIFE: George O'Neal		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) X X X	16. SOCIAL SECURITY NO.: 492 26 1756	17. INFORMANT: George O'Neal	Address: Nevada, Missouri.	

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) Myasthenia Gravis — INTERVAL BETWEEN ONSET AND DEATH: 7 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Causes unknown

DUE TO (c) 7440

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Patient made very slow downward course.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Jan. 4,1956, to Sept.17,1958 and last saw her alive on Sept. 16,1958. Death occurred at Nevada, Mo. 7:48 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. B. Wray, M. D.	22b. ADDRESS: Moore Bldg., Nevada, Missouri	22c. DATE SIGNED: 9-17-1958
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 19 Sept	23c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park
23d. LOCATION (City, town, or county) (State): Nevada, Missouri		
24. FUNERAL DIRECTOR: Richard L. Shorten	ADDRESS: Nevada, Mo.	25. DATE RECD. BY LOCAL REG.: 9-20-1958
26. REGISTRAR'S SIGNATURE: Anna E. Jerry		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

MAR 17 1959

MAR 17 1959

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 Floyd C. McCall

Licensed Embalmer No. 4853

P. O. Address Neadly, 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.