

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001670

STATE FILE NUMBER

FILED JAN 13 1959

Registration District No. 146

Primary Registration District No. 4238

Registrar's No. 10

300
1-57

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Buckner | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Buckner 7000' |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION none | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) Hudson Street |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last Thomas McGee O'Neill | | | 4. DATE OF DEATH Month Day Year January 2, 1959 | | |
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|-----------------------|----------------------------------|---|---|--|---|--------------------------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 21, 1896 | 9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder - self employed | 10b. KIND OF BUSINESS OR INDUSTRY employed | 11. BIRTHPLACE (City and state or country) Oak Grove, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Michael O'Neill | 13b. MOTHER'S MAIDEN NAME Frances Elizabeth Wyatt | 14. NAME OF HUSBAND OR WIFE Jennie Emma O'Neill |
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| 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. 500-20-2809 | 17. INFORMANT Daniel K. O'Neill - Buckner, Mo. | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) arterio-sclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 |

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| 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.) |
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| 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 |
|---|--|--|------------------------------|--------|-------|

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| 21. I attended the deceased from Sept 1957 Jan 2, 1959 and last saw ^{her} him alive on January 2, 1959 Death occurred at 10:35 am on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE John L. Weisler P.O. | (Degree or title) | 22b. ADDRESS Buckner, Mo | 22c. DATE SIGNED 1-5-59 |

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|---|----------------------------------|---|---|---------|
| 23a. BURIAL, CREMATION, or other (Specify) Burial | 23b. DATE Jan. 6, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery | 23d. LOCATION (City, town, or county) Buckner, Missouri | (State) |
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| 24. FUNERAL DIRECTOR Wayl H. Reppert | ADDRESS Buckner, Mo. | 25. DATE RECD. BY LOCAL REG. 1-6-59 | 26. REGISTRAR'S SIGNATURE James Strain |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

JAN 19 19

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 *Ralph Jones*
Licensed Embalmer No. *4604*
P. O. Address *Odessa, 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.