

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 6-8143 =60-022663

FILED VS. JUN 28 1960 77 Primary Registration District No. 3016 Registrar's No. 231 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Length of stay in 1b	c. CITY OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Community Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 2103 Forest Drive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JESS JOSEPH O'NEAL			4. DATE OF DEATH Month Day Year June 26, 1960			
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 2-11-1895	9. AGE (last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Realtor and Auto Dealer		10b. KIND OF BUSINESS OR INDUSTRY Dealer		11. BIRTHPLACE (City and state or country) California, Mo.		
10c. CITIZEN OF WHAT COUNTRY USA		12. CITIZEN OF WHAT COUNTRY	13a. FATHER'S NAME James O'Neal	13b. MOTHER'S MAIDEN NAME Elizabeth Bowlin		
14. NAME OF HUSBAND OR WIFE Nora Miller O'Neal		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I	16. SOCIAL SECURITY NO. 490-09-5518		17. INFORMANT Mrs. Nora O'Neal 2103 Forest Dr. J.C., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) menia					5-2-51	
DUE TO (b) cardiac and Renal failure					6-26-60	
DUE TO (c) Chr. arteriosclerotic cardiac-renal disease						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year						
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 5-2-51 to 6-26-60 and last saw him alive on 6-25-60 Death occurred Jefferson 6/26/60 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) John W. McHarry M.D.			22b. ADDRESS Jefferson City, Mo		22c. DATE SIGNED 6/27/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 28, 1960	23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.		
24. FUNERAL DIRECTOR Dr. Buescher		ADDRESS JCMo	25. DATE RECD. BY LOCAL REG. 27 June 1960	26. REGISTRAR'S SIGNATURE R.P. Davis, M.D. - Richter		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEPT OF SA

JUL 1 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 370

P.O. Address JCME

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.