URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 9 1960

-60-025749

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 82

NDED

1. PLACE OF DEATH
a. COUNTY Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar
Length of stay in 1b 12 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Memorial Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barton
c. CITY OR TOWN Lamar
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) R#2
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last
EDNA BISHOP O'NEAL

4. DATE OF DEATH Month Day Year
Aug 5 1960

5. SEX F
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2/9-1867
9. AGE (last birthday) 63
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Girard, Kansas
12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME Edwin Stone
13b. MOTHER'S MAIDEN NAME Della Coiner
14. NAME OF HUSBAND OR WIFE Frank O'Neal

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. 500-30-5173
17. INFORMANT Oswald Bishop, Lamar, Missouri Address

MEDICAL CERTIFICATION

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)	Coronary Thrombosis	sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertensive Heart Disease	5-6 yrs
DUE TO (c)	Obesity	years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Nervousness

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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

BY AFFIDAVIT OF

21. I attended the deceased from 6-6-59, to 8-5-60 and last saw her/him alive on 8-5-60
Death occurred at 11:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Herbert M. Arnold (Degree or title) M.D.
22b. ADDRESS Lamar Missouri
22c. DATE SIGNED 8-6-60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Aug 7 1960
23c. NAME OF CEMETERY OR CREMATORY New Bethel
23d. LOCATION (City, town, or county) (State) Dade County, Missouri

24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG. AUG 6 - '60
26. REGISTRAR'S SIGNATURE Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Carl F. Konantz

Signature of Student Embalmer

Licensed Embalmer No. 2247

P. O. Address Lamar, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.