URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1960

-60-038710

STATE FILE NUMBER

NDED

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 215

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage
Length of stay in 1b 20 min.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Reeds
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 1
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First FRED Middle Last O'NEAL
4. DATE OF DEATH Month October Day 29 Year 1960
5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11-4-1896
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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY farm
11. BIRTHPLACE (City and state or country) CaneHill, Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Jasper O'Neal
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Ada Jones 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. 490-10-2216
17. INFORMANT Address Mrs. Fred ONeal, Rte 1, Reeds, Mo

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) Myocardial Infraction — INTERVAL BETWEEN ONSET AND DEATH 1 Hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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. ☐ 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

21. I attended the deceased from 7-18-60, to 10-29-60 and last saw ~~her~~ him alive on 8-25-60
Death occurred at 11:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Earl H. Birme (Degree or title) M.D.
22b. ADDRESS 221 W. 4th, Carthage, Mo
22c. DATE SIGNED 10-31-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 11-2-60
23c. NAME OF CEMETERY OR CREMATORY Greenfield Cemetery
23d. LOCATION (City, town, or county) (State) Greenfield, Mo
24. FUNERAL DIRECTOR KNELL MORTUARY ADDRESS Carthage, Mo
25. DATE RECD. BY LOCAL REG. 11-1-60
26. REGISTRAR'S SIGNATURE Francis M. Clinton

(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 Robert H Knell

Signature of Student Embalmer

Licensed Embalmer No. 4459

P. O. Address Carthage, M

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.