

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

32-61-014215

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 32

FILED MAY 3 1961

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Higginsville		Length of stay in lb 12 years	c. CITY OR TOWN Higginsville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 624 West 26th.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 624 West 26th. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle LEONARD Last ONEY			4. DATE OF DEATH Month 4 Day 20 Year 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-7-1862
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (last birthday) 98 IF UNDER 1 YEAR: Months 9 Days 14 IF UNDER 24 HR: Hours Min.
11a. BIRTHPLACE (City and state or country) Castlewood, Virginia		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James W. Oney		13b. MOTHER'S MAIDEN NAME Laura Sheppard	14. NAME OF HUSBAND OR WIFE Virginia B. Oney (Deceased)
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. none	17. INFORMANT W. J. Oney Address Higginsville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac decompensation DUE TO (c) Arterio sclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH 2 wks. 8 wks. years
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 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
21. I attended the deceased from July 8, 1955 to April 20, 1961 and last saw ^{her} him alive on April 14, 1961 Death occurred at 4:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. H. Koppert, M.D. (Degree or title)		22b. ADDRESS Higginsville, Mo	22c. DATE SIGNED April 22, 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-20-1961	23c. NAME OF CEMETERY OR CREMATORY Linn Cemetery	23d. LOCATION (City, town, or county) Wentzville, Mo. (State)
24. FUNERAL DIRECTOR G. Jackson Hader ADDRESS Higginsville, Mo		25. DATE RECD. BY LOCAL REG. 4-25-1961	26. REGISTRAR'S SIGNATURE Lutie Jordan Jordan

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 Forrest A. Hooper

Licensed Embalmer No. 480T

P. O. Address Higginsville, 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.