ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

61-016872
STATE FILE NUMBER

AMENDED

FILED MAY 31 1961

Registrar's District No. 74 Primary Registration District No. 5295 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY Clinton

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Harrison

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Concord
Length of stay in 1b 2½ yrs.

c. CITY OR TOWN Martinsville
Inside Limits Yes X No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warren Nursing Home
Inside Limits Yes ☐ No X

d. STREET ADDRESS (If outside, give location) Central Part
Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Minnie Middle Etta Last O'Neal

4. DATE OF DEATH Month May Day 22, Year 1961

5. SEX Female

6. COLOR OR RACE Cau

7. Married ☐ Never Married ☐ Widowed X Divorced ☐

8. DATE OF BIRTH 7/9/1876

9. AGE (last birthday) 84

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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY House Keeper

11. BIRTHPLACE (City and state or country) Harrison Co.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Maddy

13b. MOTHER'S MAIDEN NAME Sarah Smith

14. NAME OF HUSBAND OR WIFE Otis E.O'Neal (deac)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Mrs.Louise Pierce Trenton,Mo.R.F.

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)	Cardiac Arrest	3 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Shock	30 min.
DUE TO (c)	Gastro-Intestinal Hemorrhage	4 HRS.

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 X No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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 1-15-61, to 5-22-61 and last saw her alive on 5-22-61

Death occurred at 6 00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Fred Warren, D.O. (Degree or title)

22b. ADDRESS Lathrop, Mo.

22c. DATE SIGNED 5-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE May 22, 1961

23c. NAME OF CEMETERY OR CREMATORY Kidwell Cemetery

23d. LOCATION (City, town, or county) Harrison Co. (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Lyon Funeral Home, Inc, Plattsburg, Mo.

25. DATE REC'D. BY LOCAL REG. May-22-1961

26. REGISTRAR'S SIGNATURE Mary W Seearce

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

AFFIDAVIT OF 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Philip E. Cook

Licensed Embalmer No. 4993

P. O. Address Plattsburg, M

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.