SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-041943
STATE FILE NUMBER

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 369

FILED DEC 11 1961

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia
Length of stay in 1b: 53 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sedalia Rest Home
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pettis
c. CITY OR TOWN Sedalia
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1705 West 16th
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Robert Middle Lee Last Oney
4. DATE OF DEATH: Month Dec Day 4 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-5-1876
9. AGE (last birthday): 85
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): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith
11. BIRTHPLACE (City and state or country): Wentzville Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Sam Oney
13b. MOTHER'S MAIDEN NAME: Sarah Scruggs
14. NAME OF HUSBAND OR WIFE: Lessie Turton Oney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
17. INFORMANT: Mrs Lessie Oney Address 1705 W-16th Sedalia

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) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 18 months
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): Recto-vesicle Fistula
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 June 1960 to Dec. 4, 1961 and last saw him alive on Dec. 1, 1961
Death occurred at 2:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): T. S. Hopkins, M.D.
22b. ADDRESS: 1609 S. Limit Sedalia, Mo.
22c. DATE SIGNED: 12-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-6-1961
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park
23d. LOCATION (City, town, or county) (State): Sedalia Mo
24. FUNERAL DIRECTOR: McLaughlin Bros ADDRESS: Sedalia
25. DATE RECD. BY LOCAL REG.: 12-6-1961
26. REGISTRAR'S SIGNATURE: Frances Shelby.

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

DEC 12 1961

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 K. P. McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia M

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