

FILED AUG 6 1949

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25895

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 128	
1. PLACE OF DEATH a. COUNTY <u>Wierman</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>rural 41</u>		c. LENGTH OF STAY (In this place) <u>2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>State Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5331 Highland</u>			
3. NAME OF DECEASED (Type or Print) <u>ELIZABETH O'NEIL</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>7-31-49</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>11-19-1871</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>12</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John O'Neil</u>		13b. MOTHER'S MAIDEN NAME <u>McKenna</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital record, Nevada</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Senile deterioration</u> DUE TO (b) <u>Senile deterioration</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u></u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>3-13</u> , 19 <u>48</u> , to <u>7-31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-30</u> , 19 <u>49</u> , and that death occurred at <u>12:48</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. G. Hall M.D.</u>				23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>7-31-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>auto/7/31/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
DATE REC'D BY LOCAL REG <u>July 31, 1949</u>		REGISTRAR'S SIGNATURE <u>R. G. Hall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas E. Link</u>		ADDRESS <u>K.C. Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7;

District File Number 7-49-945

Date Filed 8-5-49

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed Thomas L. Jones

Licensed Embalmer No. 3775

P. O. Address L. E. New

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 this body is not embalmed, fact should be so stated above.