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

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30090

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5459 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Center Township
c. LENGTH OF STAY (In this place): 32 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 7 Springfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Center Township
d. STREET ADDRESS (If rural, give location): Route E 7 Springfield

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3. NAME OF DECEASED (Type or Print)
a. (First): Nancy
b. (Middle): E.
c. (Last): O'Neal

4. DATE OF DEATH (Month) (Day) (Year): Sept. 8, 1950

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: Oct. 25 1878

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: 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:

11. BIRTHPLACE (State or foreign country): MISSOURI ~~-Illinois~~ 1

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Columbus Phillips

13b. MOTHER'S MAIDEN NAME: ----~~Unknown~~ MCGINNIS

14. NAME OF HUSBAND OR WIFE: John A. 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.: No

17. INFORMANT'S SIGNATURE OR NAME: John A. O'Neal
ADDRESS: Rt # 7 Spfld, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver & Spleen — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 5, 1949, *to* Sept 7, 1950, *that I last saw the deceased alive on* Sept 7, 1950, *and that death occurred at* 7:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. M. LeCompte
(Degree or title): M.D.
23b. ADDRESS: Brookline Mo
23c. DATE SIGNED: Sept 9-1950

24a. BURIAL, CREMATION, REMOVAL (Specify): (1) Burial
24b. DATE: 9/10/50
24c. NAME OF CEMETERY OR CREMATORY: White Chapel
24d. LOCATION (City, town, or county) (State): Springfield, Mo.

DATE REC'D BY LOCAL REG.: 9/12/50
REGISTRAR'S SIGNATURE: Irene H. Wilson 104
25. FUNERAL DIRECTOR'S SIGNATURE: H.H. Lohmeyer
ADDRESS: Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 25 1950
Greene County Health Office
County File Number 50-9-44
Date Filed 9-19-50

NOV 2 1950

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 .....
Student Embalmer

Signed Walter E Hamilton

Licensed Embalmer No. 3898

P. O. Address Springfield 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 this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of ..... } ss.
County of ..... }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 30090-50
Local Registrar's No. 87

On this ..... day of ....., 1950, before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Nancy E O'Neal, died Sept 8, 1950, in the State of
Missouri, and which was filed at Jefferson City on Sept 20, 1950 should be corrected as follows:

Item No. ..... should read .....
Instead of .....
Item No. 11 should read Missouri
Instead of Illinois
Item No. 13 B should read MC Shinn
Instead of Unknown
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Emmit L. O'Neal Son
Relationship.

R. 7, Box 492 Springfield, Mo.
Present Address.

Subscribed and sworn to before me this 18th day of November, 1950.

My Commission expires My Commission Expires November 16, 1952 Florence R. Ellis, Notary Public.

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