

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30987

State File No. \_\_\_\_\_

FILED OCT 10 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5669 Registrar's No. 37

0570

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

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN <u>Rural Hawkpoint</u>		c. CITY OR TOWN <u>Rural Hawkpoint</u>	
c. LENGTH OF STAY (In this place) <u>15 mo</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi S.E. of Hawkpoint Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi S.E. of Hawkpoint Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>O'Connell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 4 1950</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 23, 1950</u>	9. AGE (In years last birthday) <u>67</u>	10. IF UNDER 1 YEAR Months <u>0</u> Days <u>8</u>	11. IF UNDER 18 HRS. Hours <u>8</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer of State Power Plant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jerry O'Connell</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Winifred O'Connell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Winifred O'Connell, Troy Mo</u>	17. ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>144X</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>(Carcinoma of Buccal cavity)</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>9-4-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cancer of mouth</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Helen E. R. ...</u>	(Degree or title)	23b. ADDRESS <u>Troy</u>	23c. DATE SIGNED <u>Oct 2/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>agen cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Philabill county Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-4-1950</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Gilbert</u>	ADDRESS <u>Dixon Mo</u>
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT - 7 1950

RECEIVED

JUN 18 1951

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 Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Fred Gilbert*

Licensed Embalmer No. *234*

P. O. Address *Dixon Ill*

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.