

FILED MAY 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12939
Registrar's No. 155

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 2369

1. PLACE OF DEATH a. COUNTY Jackson <i>Rural Brookings</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Raytown		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hickman Mills <i>0480</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Longview Rd. ¹ / ₂ mile west Raytown		d. STREET ADDRESS (If rural, give location) Rd. Route #3	
3. NAME OF DECEASED a. (First) Margaret b. (Middle) Davin c. (Last) O'NEILL			4. DATE OF DEATH (Month) (Day) (Year) April 22, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married //	8. DATE OF BIRTH 6-4-96
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Clay County, Missouri <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas Davin		13b. MOTHER'S MAIDEN NAME Mary Schrader	14. NAME OF HUSBAND OR WIFE Thomas H. O'Neill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. T.H. O'Neill, Rt. #3, Hickman Mills, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>ruptured Aorta</i> ANTECEDENT CAUSES <i>See Summary of Ribs</i> DUE TO (a) <i>ruptured Aorta</i> DUE TO (c) <i>Contusions Head</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Contusions Head</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Jackson MO</i>		21d. HOW DID INJURY OCCUR? <i>Auto accident</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>4-22-51 8:00A</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <i>Wm H A Queen Coroner</i>		23b. ADDRESS <i>1034 Maple Bluff</i>	
23c. DATE SIGNED <i>4-23-51</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4-24-51</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		24d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>Apr 24 1951</i>		REGISTRAR'S SIGNATURE <i>James H. Salyer</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Melody-McGilley-Eylar</i>		ADDRESS <i>Kansas City, Mo.</i>	

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

MAY 4 1932

JUL 6 1931

MAY 8 1932

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 2989

P. O. Address KC

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.