

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30882**

FILED OCT 15 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 458

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplar Bluff</u>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplar Bluff</u>		d. STREET ADDRESS <u>0124 Ash St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Joplar Bluff Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>	b. (Middle) <u>ELLEN</u>	c. (Last) <u>O'NEAL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-27-52</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Aug 11-10-66</u>
9. AGE (In years last birthday) <u>86</u>	if UNDER 1 YEAR Months <u>1</u> Days <u>17</u>	if UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing</u>	11. BIRTH PLACE (State or foreign country) <u>Cape Girardeau Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>1</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Pauline Kellis</u>	ADDRESS <u>Joplar Bluff</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</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	19b. MAJOR FINDINGS OF OPERATION	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?

22. I hereby certify that I attended the deceased from 9-10, 1952, to 9-28, 1952, that I last saw the deceased alive on 9-28, 1952, and that death occurred at 5:10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <u>Mrs Pauline Kellis</u>	23b. ADDRESS <u>Joplar Bluff Mo</u>	23c. DATE SIGNED <u>9-28-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>9-30-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Joplar Bluff Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shelf, Leuchel Joplar Bluff Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-6-52</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428-1</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1124
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RECEIVED

OCT 14 1952

BUTLER CO. HEALTH CENTER

FILE No. 1052502

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 9-28-52

working under my personal supervision.

Student Embalmer No.....

Signed Phil A. Fenichel

Signed.....
Student Embalmer

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff

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.