

5. No. 306-1111 DEC 15 1952
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37951

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 177

191
0

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

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Harrisonville Mo</u>		c. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Creighton 0190</u>	
c. LENGTH OF STAY (in this place) <u>24 hours</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hille Memorial Hospital</u>			

3. NAME OF DECEASED. (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>Henry</u> c. (Last) <u>O'Neal</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 6 1952</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>Widowed</u>	8. DATE OF BIRTH <u>Dec 2 1858</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>4</u>	IF UNDER 1 Wks. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>	11. BIRTHPLACE (State or foreign country) <u>Polidonia Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John O'Neal</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Sloan</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul O'Neal</u> ADDRESS <u>Creighton, Mo</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 <u>48 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</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 <u>331x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	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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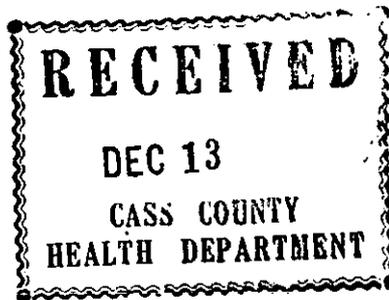
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Dec. 4, 1952, to Dec. 6, 1952, that I last saw the deceased alive on Dec. 6, 1952, and that death occurred at 10P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Harrisonville Mo</u>	23c. DATE SIGNED <u>Dec 6 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 8, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crest Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Creighton Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 8 1952</u>	REGISTRAR'S SIGNATURE <u>Nora Barnard</u> 457-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Arnold</u> ADDRESS <u>Creighton Mo</u>
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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 _____

Irvin R. Arnold

Student Embalmer No. *460*

working under my personal supervision.

Student *Irvin R. Arnold*
Student Embalmer

Signed *Robert Arnold*

Licensed Embalmer No. *3621*

P. O. Address *Croydon 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.