

STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 16 1954

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5376 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>DeKalb.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>	
b. CITY OR TOWN <u>Rural - Grandriver.</u>		c. CITY OR TOWN <u>CAmERON R7D</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>70 Yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>6 miles North of CAMERON MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>6 miles North CAMERON MO.</u>			
3. NAME OF DECEASED (Type or Print) <u>MARbaret BERNARD ONeAL.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 26 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never MARRIED.</u>	8. DATE OF BIRTH <u>MARCH 15 1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house keeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME.</u>	9. AGE (in years last birthday) <u>76</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>IOWA. BURLINGTON</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>James ONeAL.</u>		13b. MOTHER'S MAIDEN NAME <u>MARGeT KILMARTIAN.</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MARTIN ONeAL.</u>		ADDRESS <u>CAMERON MO</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES <u>Chronic Valvular Heart Disease</u> DUE TO (b) <u> </u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial & generalized arteriosclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4214</u>	
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) (Minute)		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 <u>1946</u> , 19 <u> </u> , to <u>1954</u> , 19 <u> </u> , that I last saw the deceased alive on <u>Oct 26, 1954</u> , and that death occurred at <u>10 p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. P. Kimes M.D.</u>		23b. ADDRESS <u>Cameron Mo</u>	
23c. DATE SIGNED <u>11-15-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct-29-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>CAMERON Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-10-54</u>		REGISTRAR'S SIGNATURE <u>Robert F. Polden</u>	
FUNERAL DIRECTOR'S SIGNATURE <u> </u>		ADDRESS <u>Cameron Mo.</u>	

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

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.....
Signature of Student Embalmer

Signed *Robert F. Poland*.....

Licensed Embalmer No. *4775*.....
222 West 3
P. O. Address *Camden, N.J.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.