FILED OCT 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31444
STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 5784 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dorena, James Bayou — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi
c. CITY OR TOWN Dorena 0670 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt. # 2 Box 360 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First William Middle Green Last Oneal
4. DATE OF DEATH Month Sept. Day 25, Year 1956

5. SEX Male 2
6. COLOR OR RACE Colored
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Feb. 27, 1873
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (City and state or country) Marietta, Ga. 1
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Green Oneal
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - - - - -
16. SOCIAL SECURITY NO. - - - - -
17. INFORMANT Malinda Hill Address Detroit, Michigan

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerosis — 10 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jul 1956, to 9/25/56 and last saw her/him alive on Sept 10-1
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S P Martin M. D.
22b. ADDRESS East Prairie Mo.
22c. DATE SIGNED 10/2/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept 26, 1956
23c. NAME OF CEMETERY OR CREMATORY Oak Grove
23d. LOCATION (City, town, or county) (State) Charleston, Mo.

24. FUNERAL DIRECTOR Elgin McMakle ADDRESS E Prairie, Mo
25. DATE RECD. BY LOCAL REG. 10-3-56
26. REGISTRAR'S SIGNATURE Gertrude G. Harper

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300 -56
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
17-B

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.