

FILED DEC 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36896**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **3000** Registrar's No. **368**

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ADAIR	
b. CITY OR TOWN KIRKSVILLE		c. CITY OR TOWN BRASHEAR	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION LAUGHLIN		e. STREET ADDRESS (If rural, give location) 3 MI SW. BRASHEAR	

3. NAME OF DECEASED (Type or Print) GEORGE THEODORE O'NIELL	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) NOV. 25 1956
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 19 1907	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST	10b. KIND OF BUSINESS OR INDUSTRY MACHINIST	11. BIRTHPLACE (City and State or Foreign Country) TERRE-HAUTE INDIANA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JAMES O'NIELL	13b. MOTHER'S MAIDEN NAME MARTHA TOLSON	14. NAME OF HUSBAND OR WIFE ANNABELLE THOMPSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 372-09-8578	17. INFORMANT'S SIGNATURE OR NAME ANNABELLE O'NIELL	ADDRESS BRASHEAR MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia		DUE TO (b) Atelectasis (wide spread)		2 weeks
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Seramous cell carcinoma of bowel		Years
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		Metustatic carcinoma of brain-lungs-liver-kidneys..		Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 153x	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **11-16**, 1956, to **11-25**, 1956, that I last saw the deceased alive on **11-25**, 1956, and that death occurred at **10:55 am.**, from the causes and on the date stated above.

23a. SIGNATURE A. D. M. Pluse (Degree or title) D.O.	23b. ADDRESS Kirkville, Missouri	23c. DATE SIGNED 12-1-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov 27, 1956	24c. NAME OF CEMETERY OR CREMATORY UNION	24d. LOCATION (City, town, or county) (State) GIBBS MO
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DATE REC'D BY LOCAL REG. 12-3-56	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Geoffrey G. Hurdland	ADDRESS Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 18 1957
APR 21 1956
APR 18 1957

5. W.

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 *Herb Easley Jr*

Licensed Embalmer No. 375

P. O. Address Hurdland

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.