

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57-023341
STATE FILE NUMBER

FILED JUL 5 1957

44652-57

Registration District No. 366

Primary Registration District No. 6241

Registrar's No. 48

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Washington		b. CITY (If outside corporate limits, give TOWNSHIP only) Breton		a. STATE Missouri		b. COUNTY Wash.	
b. CITY (If outside corporate limits, give TOWNSHIP only) Breton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Mineral Point		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1, Mineral Point				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Rt. #1-2 1/2 Mi. E.	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First BONNIE		Middle SUE		Last O'NEAL		Month Day Year June 9, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 9, 1957	9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days Hours Mins 0 0 0 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Rt. 1, Mineral Point, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Earnest Edward O'Neail				14. MOTHER'S MAIDEN NAME Mary Sissina DeClue			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT E. E. O'Neail - Rt. 1, Mineral Point		Address Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death believed to be due to natural causes; investigation reveals infant							
DUE TO (b) might have inhaled fluid during delivery							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 7610	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 679157X No physician and last saw ^{Apr. 1957} alive on Death occurred at 12:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Albert Rudal (Degree of title) 4				22b. ADDRESS Potosi, Mo.		22c. DATE SIGNED 7/2/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		6/10/57		New Diggings		Breton Twp Wash. Co. Mo.	
24. FUNERAL DIRECTOR Mrs. Lillian Paul ADDRESS Potosi, Mo.				25. DATE RECD. BY LOCAL REG. 7/2/57		26. REGISTRAR'S SIGNATURE Albert Rudal	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOT EMBALMED

STATEMENT BY LICENSED EMBALMER

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