

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36322**

FILED NOV 1 1957

BIRTH NO. _____ REG. DIST. NO. **154** PRIMARY REG. DIST. NO. **5575** Registrar's No. **92**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Cass	
b. CITY OR TOWN Grandview	c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN Belton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Grandview Restorium		e. STREET ADDRESS (If rural, give location) 118 E. North Ave	

3. NAME OF DECEASED (Type or Print)	a. (First) EDWARD	b. (Middle) FRANCIS	c. (Last) O'NEIL	4. DATE OF DEATH (Month) (Day) (Year) Oct 24, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov. 27, 1877	9. AGE (In years) (Months) (Days) (Hours) (Min.) 79
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucking Line	10b. KIND OF BUSINESS OR INDUSTRY Own Firm	11. BIRTHPLACE (City and State or Foreign Country) Beloit, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John O'Neil	13b. MOTHER'S MAIDEN NAME Josephine Croke	14. NAME OF HUSBAND OR WIFE Laura O'Neil
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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) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. W. O. Hassler	ADDRESS Belton, Mo.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MALIGNANT MELANOMA		1 YEAR
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPOSTATIC PNEUMONIA ARTERIO SCLEROTIC HEART DISEASE		6 DAYS

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	20. AUTOPSY? <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <input checked="" type="checkbox"/>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>

22. I hereby certify that I attended the deceased from **July 26, 1957**, to **Oct 24, 1957**, that I last saw the deceased alive on **Oct 22, 1957**, and that death occurred at **1:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John E. Cunningham	23b. ADDRESS 314 Main St. Belton Mo	23c. DATE SIGNED 10/25/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/26/1957	24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery	24d. LOCATION (City, town, or county) (State) Atchison, Kansas
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DATE REC'D BY LOCAL REG. 10/26/57	REGISTRAR'S SIGNATURE Stirling E. Holland	25. FUNERAL DIRECTOR'S SIGNATURE E. K. George & Sons	ADDRESS Belton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

498.0

NOV 14 1957

OCT 30 1957

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 *Richard E. George*

Licensed Embalmer No. *3958*

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