

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-60-020179**

FILED VS JUN 13 1960 224

Registration District No. 224 Primary Registration District No. 4331 Registrar's No. 39

STATE FILE NUMBER

UNDE

|   |  |   |   |   |  |  |  |
|---|--|---|---|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Moniteau</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>                 |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Jamestown, Mo Linn</u>  |  | Length of stay in 1b<br><u>80 Yrs</u>   |   | c. CITY OR TOWN <u>Jamestown, Mo</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Home- Jamestown, Mo</u>   |  |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><u>Gen Del</u>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Abigale</u> Middle <u>Oneal</u> Last <u>Oneal</u>   |  |   |   | 4. DATE OF DEATH<br>Month <u>May</u> Day <u>26</u> Year <u>1960</u>   |  |  |  |
| 5. SEX<br><u>Female</u>   |  | 6. COLOR OR RACE<br><u>White</u>  |   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>4/11/75</u>   |  |
| 9. AGE (last birthday)<br><u>85</u>   |  | IF UNDER 1 YEAR<br>Months <u>1</u> Days <u>15</u>   |   | IF UNDER 24 HR<br>Hours <u>15</u> Min. <u></u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House Wife</u>  |  |
| 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>Missouri</u>   |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A</u>   |  |  |  |
| 13a. FATHER'S NAME<br><u>Thomas Schull</u>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Pheba Jane Schull</u> |   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Deceased</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>None</u>  |   | 17. INFORMANT<br><u>Miles M Oneal Jamestown</u><br>Address <u>Jamestown</u>   |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (1), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Inappetition, &amp; Debilitation</u><br>DUE TO (b) <u>Senility</u><br>DUE TO (c) <u></u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>7 weeks</u>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.<br><u>Arteriosclerosis, Advanced, General</u>  |  |   |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 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"/>         |   | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)<br><u></u>  |  |  |  |
| 20c. TIME OF INJURY<br>Hour <u></u> Month, Day, Year <u></u>  |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |   |   |  |  |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u></u>   |  | 20f. CITY, TOWN, OR LOCATION<br><u></u>   |   | COUNTY<br><u></u>   |  | STATE<br><u></u>   |  |
| 21. I attended the deceased from <u>7-10-55</u> to <u>5/26/60</u> and last saw her alive on <u>3-26-60</u><br>Death occurred at <u>3/50 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |   |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>D. Young, MD</u>   |  |   |   | 22b. ADDRESS<br><u>Jamestown Mo</u>   |  | 22c. DATE SIGNED<br><u>5/27/60</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 23b. DATE<br><u>5/28/60</u>   |   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Concord Cemetery</u>   |  | 23d. LOCATION (City, town, or county) (State)<br><u>Jamestown, Mo</u>  |  |
| 24. FUNERAL DIRECTOR<br><u>Bowlin Funeral Home-California, i.o</u>  |  |   |   | 25. DATE RECD. BY LOCAL REG.<br><u>5/28/60</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>Helen Popejoy</u>  |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Jack A Bowlin

Licensed Embalmer No. 4933

P. O. Address California, M

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.