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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32881

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 309

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 17 hr. 17 min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K. C. O. S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: [illegible]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): The Dalles
d. STREET ADDRESS (If rural, give location): 2

3. NAME OF DECEASED (Type or Print)
a. (First): Patrick
b. (Middle): William
c. (Last): Reilly

4. DATE OF DEATH (Month) (Day) (Year): 10 - 16 - 49

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 8 - 9 - 49
9. AGE (In years last birthday): If under 1 year: Months 2, Days 7; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kirksville Mo
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Richard E. Reilly
13b. MOTHER'S MAIDEN NAME: Mary Jane McVicker
14. NAME OF HUSBAND OR WIFE:

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'S SIGNATURE OR NAME: Richard E Reilly
ADDRESS: Kirksville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 40 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Incarcerated Inguinal Hernia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Prematurity — 5600

19a. DATE OF OPERATION: 10 - 15 - 49
19b. MAJOR FINDINGS OF OPERATION: Incarceration of a knuckle of ileum into internal Inguinal ring
20. AUTOPSY? YES [X] NO [ ]

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 - 15, 1949, *to* 10 - 16, 1949, *that I last saw the deceased alive on* 10 - 15, 1949, *and that death occurred at* 8:47 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Boogler (Degree or title): D.O.
23b. ADDRESS: Kirksville Mo
23c. DATE SIGNED: 10-16-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 17, 1949
24c. NAME OF CEMETERY OR CREMATORY: Highland Park Cementery
24d. LOCATION (City, town, or county) (State): Kirksville, Missouri

DATE REC'D BY LOCAL REG.: 10-17-49
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: Robert B. Davis
ADDRESS: Kirksville, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 25 [illegible]
District Health Officer No. 10
District File Number 10-49-182
Date Filed OCT 25 [illegible]

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 .....
Student Embalmer

Signed Jack L. Dooley

Licensed Embalmer No. 4619

P. O. Address Kirkville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.