

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32580**

FILED SEP 30 1952

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

BIRTH NO.		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before and location) a. STATE <u>Mo</u> b. COUNTY <u>Putnam</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Unionville</u>		c. LENGTH OF STAY (In this place) <u>7 hr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jackson</u>		d. STREET ADDRESS (If rural, give location) <u>Lemons, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>							
3. NAME OF DECEASED (Type or Print) <u>ORPHA</u>		a. (First)		b. (Middle)		c. (Last) <u>O'RIELLY</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 14 1952</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
8. DATE OF BIRTH <u>Apr. 28, 1882</u>		9. AGE (In years, last birthday) <u>70</u>		IF UNDER 1 YEAR Months Days <u>4 16</u>		IF UNDER 24 HRS. Hours Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Apprentice</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u>	
13a. FATHER'S NAME <u>John Lemons</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bailey</u>		14. NAME OF HUSBAND OR WIFE <u>William O'Reilly</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. O'Reilly, Lemons, Mo</u>			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) <u>Family Tendency</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 1951</u> , to <u>Sept. 14, 1952</u> , that I last saw the deceased alive on <u>July 14, 1952</u> , and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. W. McDonald Do</u>				23b. ADDRESS <u>Unionville, Mo</u>		23c. DATE SIGNED <u>9-23-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>Sept 16 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unionville Catholic Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Unionville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-27-52</u>		REGISTRAR'S SIGNATURE <u>Marcell J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ad ...</u> ADDRESS <u>Unionville, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 F O Husted

Licensed Embalmer No. 2975

P. O. Address Unionville

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