

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4009 State File No. 34

No. 300  
10.48

0020

FILED FEB 9 1954

REG. DIST. NO. 2

PRIMARY REG. DIST. NO. 5017 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah</u>		c. LENGTH OF STAY (In this place) <u>1 yr.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Savannah</u>		d. STREET ADDRESS (If rural, give location) <u>205 So. 5th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 So. 5th St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Calvin</u>		b. (Middle) <u>Reiley</u>	
c. (Last) <u>Reiley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-3-1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 9, 1863</u>
9. AGE (In years last birthday) <u>90</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 100 Hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Washing machine operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Reiley</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Leou Reiley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Goldie Irene Peck</u>		ADDRESS <u>Savannah, 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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Granular Pt. spot</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Phrenitis</u>			<u>3 Days</u>
DUE TO (c) <u>Hypertrophy Prostate</u>			<u>5 yrs.</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>610x</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) m.		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>1-14, 1954</u> to <u>Feb 3, 1954</u> , that I last saw the deceased alive on <u>Feb. 3, 1954</u> , and that death occurred at <u>7:50 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Warren C. Baker, M.D.</u>		23b. ADDRESS <u>Savannah, Mo.</u>	
23c. DATE SIGNED <u>2-5-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bucial</u>		24b. DATE <u>Feb 5, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>High Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Cosby Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. A. Rich</u>		ADDRESS <u>Savannah Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-5-54</u>		REGISTRAR'S SIGNATURE <u>Lillian Spake</u>	

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

**STATEMENT BY LICENSED EMBALMER**

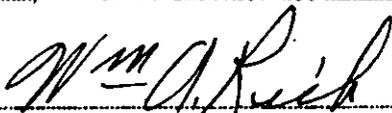
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 4728

P. O. Address Savannah, 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 this body is not embalmed, fact should be so stated above.