

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **345**

FILED JAN 25 1954

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 5130	Registrar's No. 69
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rush Twsp. Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rush Twsp. Rural		
c. LENGTH OF STAY (If applicable place)		d. STREET ADDRESS (If rural, give location) Rushville R.R. #3		
d. FULL NAME OF HOSPITAL OR INSTITUTION Rushville R.R. #3		d. STREET ADDRESS (If rural, give location) Rushville R.R. #3		
3. NAME OF DECEASED a. (First) Jack b. (Middle) O'Leary c. (Last) O'Leary		4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 5 1894	9. AGE (In years last birthday) 59 if UNDER 1 YEAR Months Days if OVER 1 YEAR Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Sundry		11. BIRTHPLACE (City and State or Foreign Country) Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Laura O'Leary		
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. 510-09-5373		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura O'Leary Rushville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Chronic Myocarditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 yr. 7 yr.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 Jan 19, 1954 , to Jan 19, 1954 , that I last saw the deceased alive on Dec 16, 1953 and that death occurred at 12:10 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE Chas. S. Brady M.D. (Degree or title)		23b. ADDRESS Atchison, Kans.		
23c. DATE SIGNED 1/20/54		24. LOCATION (City, town, or county) (State) Atchison, Kansas		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-19-54		24c. NAME OF CEMETERY OR CREMATORY Mount Pleasant Cemetery
DATE REC'D BY LOCAL REG Jan 23, 1954		REGISTRAR'S SIGNATURE Bethen M. Allison		25. FORENSIC DIRECTOR'S SIGNATURE ADDRESS J. M. Byer Atchison, Kan.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 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
Student Embalmer

Signed J. W. Syll

Licensed Embalmer No. 4320

P. O. Address Atchison, Kan

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.