

FILED JUL 26 1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22187**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 795

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) St. Joseph c. LENGTH OF STAY (in this place) 45 yrs.
c. CITY OR TOWN St. Joseph d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 207 Michigan St. e. STREET ADDRESS (If rural, give location) 207 Michigan St. 01176

3. NAME OF DECEASED a. (First) JOHN b. (Middle) D. c. (Last) REILLY 4. DATE OF DEATH (Month) (Day) (Year) 7 12 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 18-14-1891 9. AGE (In years last birthday) 62 9. AGE (In years) IF UNDER 1 YEAR Months Days Hours Min. 62

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Capt. Fire Dept. 10b. KIND OF BUSINESS OR INDUSTRY City of St. Joseph Cavan, Ireland 11. BIRTHPLACE (City and State or Foreign Country) City of St. Joseph Cavan, Ireland 12. CITIZEN OF WHAT COUNTRY? Nat. Irish

13a. FATHER'S NAME Luke Reilly 13b. MOTHER'S MAIDEN NAME Rose Reilly 14. NAME OF HUSBAND OR WIFE Rose Reilly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No Yes No W.W.# I 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Rose Reilly ADDRESS 207 Michigan St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Dilatation of heart INTERVAL BETWEEN ONSET AND DEATH 1 hour
ANTECEDENT CAUSES DUE TO (b) Hypostatic Pneumonia 16 hours
DUE TO (c) Carcinoma of Esophagus 8 months
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 150 X 20. AUTOPSY? YES 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) _____ 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 July 12, 1954 to July 12, 1954, that I last saw the deceased alive on July 12, 1954, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] 23b. ADDRESS 5105 N. Michigan Ave. St. Joseph, 48, Mo. 23c. DATE SIGNED 7-14-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-15-1954 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. July 20, 1954 REGISTRAR'S SIGNATURE Katherine M. Allison 48-5-20 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS St. Joseph, Mo.

WHITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

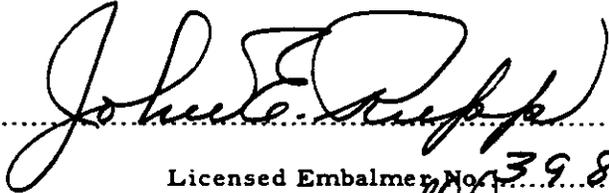
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, ~~on~~ by Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 398

P. O. Address 

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.