

No. 300  
10-48

FILED FEB 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4154

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MINNESOTA</u> b. COUNTY <u>RAMSEY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>ST. PAUL MINN</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron County Hosp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>1815 Goodrich Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Miriam</u> b. (Middle) <u>page</u> c. (Last) <u>Reilly</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21-1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 25, 1881</u>		9. AGE (In years last birthday) <u>74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MINNEAPOLIS MINN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Wright B. page</u>	13b. MOTHER'S MAIDEN NAME <u>ELLA SWELL</u>	14. NAME OF HUSBAND OR WIFE <u>Edward M. Reilly</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr. Wright B. page, Minneapolis, MN.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra cranial Hemorrhage</u>		<u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple fractures of Skull 5 days</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis. Chronic Myocardial degeneration?</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident highway</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Cameron Clinton Mo.</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Clinton Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-17-56 2:20 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Highway Collision</u>

22. I hereby certify that I attended the deceased from 2-17-1956, to 2-21-1956, that I last saw the deceased alive on 2-21-1956, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Bloom</u>	23b. ADDRESS <u>207 Cameron Mo.</u>	23c. DATE SIGNED <u>2-21-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-22-56</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>St. Paul - Minn.</u>
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DATE REC'D BY LOCAL REG. <u>2-25-56</u>	REGISTRAR'S SIGNATURE <u>Winnifred W. Moser</u>	390- <u>2</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Moss CRANK CAMERON MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 23 1958

FEB 28 1958

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.....  
Signature of Student Embalmer

Signed *Laurence J. Thompson*

Licensed Embalmer No. *473*

P. O. Address *Cameron,*

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.