

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 - 1956

State File No. **33464**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **316**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, Mo.		c. CITY OR TOWN Jefferson City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 9 Days		e. STREET ADDRESS (If rural, give location) 215 Fulkerson	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) MARGARET	c. (Last) REILLY	4. DATE OF DEATH (Month) (Day) (Year) OCT. 25, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 21, 1891	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 5 Days 4	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk State Dept of Revenue	10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (City and State or Foreign Country) Harrison N. J.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Michael Thomas Reilly	13b. MOTHER'S MAIDEN NAME Mary Kimmins	14. NAME OF HUSBAND OR WIFE Charles A Reilly
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 563-05-1621	17. INFORMANT'S SIGNATURE OR NAME Charles A. Reilly	ADDRESS J. G. Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute glomerulonephritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) 		
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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **10/19/56**, 19**56**, to **10/25/56**, 19**56**, that I last saw the deceased alive on **10/25/56**, 19**56**, and that death occurred at **10:30 a.m.** from the causes and on the date stated above.

23a. SIGNATURE John L. Lantuey MD	(Degree or title) MD	23b. ADDRESS 302 Belvoir	23c. DATE SIGNED 10/30/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/27/56	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
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DATE REC'D BY LOCAL REG. 31 Oct 1956	REGISTRAR'S SIGNATURE R. P. Davis MD-MR	25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle	ADDRESS J. G. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 5 1956

FEB 9 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.....
Signature of Student Embalmer

Signed.....
Sylvester Smith

Licensed Embalmer No. 432

P. O. Address *Jefferson City*

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.