

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021605

STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 603

300

-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Texas b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Dallas 8420 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners		Length of stay in lb 3 yrs 8 mos	d. STREET ADDRESS (If outside, give location) 1627 Marburg Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle (none) Last O'Leary			4. DATE OF DEATH Month June Day 9 Year 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 24, 1889
9. AGE (In years birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown	11. BIRTHPLACE (City and state or country) New York, N. Y.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY printing	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Thomas O'Leary		13b. MOTHER'S MAIDEN NAME Annie (unknown) O'Leary	14. NAME OF HUSBAND OR WIFE Marie Elledge O'Leary
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) yes 1918		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Address Files-MCFP Springfield, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastrointestinal hemorrhage, massive			INTERVAL BETWEEN ONSET AND DEATH 3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Unknown cause			3 weeks
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypoplasia of bone marrow			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. The Medical Staff attended the deceased from October 1, 1954, June 9, 1958		and last saw her him alive on June 9, 1958	
Death occurred at 8:55 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. D. Hunter, M.D. Clinical Director		22b. ADDRESS Medical Center for Federal Prisoners, Springfield, Mo.	22c. DATE SIGNED June 10, '58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-10-58	23c. NAME OF CEMETERY OR CREMATORY UNKNOWN	23d. LOCATION (City, town, or county) (State) DALLAS Texas
24. FUNERAL DIRECTOR ADDRESS AYRE-GOODWIN SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 6-11-58	26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUN 2 1951

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 *Donald J. Garms*

Licensed Embalmer No. 5037

P. O. Address Springfield, Mi

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.