

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008822

STATE FILE NUMBER

FILED APR 2 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 97

5. 300
1-57 C

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, give TOWNSHIP only) OR TOWN JEFFERSON CITY, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JEFFERSON CITY, MO. 0264 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 215 FULKERSON Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CHARLES ANDREW REILLY			4. DATE OF DEATH Month Day Year MARCH 21, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 19, 1891	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Missouri State Prison		9b. KIND OF BUSINESS OR INDUSTRY Clerk	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 0 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Missouri State Prison		10b. KIND OF BUSINESS OR INDUSTRY Clerk	11. BIRTHPLACE (City and state or country) Newark N J	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Francis Reilly		13b. MOTHER'S MAIDEN NAME Catherine Mc Guire		14. NAME OF HUSBAND OR WIFE Mary Margaret Reilly	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Herbert Rothove - J.C. Mo. Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cox Pulmonals</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>5 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic Bronchitis & Bronchiectasis</u>		
	DUE TO (c) <u>526 X</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Thrombosis left brachial artery</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 Month, Day, Year 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	
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21. I attended the deceased from 5/15/56 to 3/21/59 and last saw ^{her} him alive on 3/21/59
Death occurred at 10:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John J. Matthews, M.D.</u> (Degree or title)		22b. ADDRESS <u>302 Belvoir Jefferson City</u>		22c. DATE SIGNED <u>3/30/59</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/24/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>	
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24. FUNERAL DIRECTOR <u>Sylvester J. Jelle</u> ADDRESS <u>J C MO.</u>		25. DATE RECD. BY LOCAL REG. <u>1 April 1959</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Norris, M.D. - M.R.</u>	
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

FEB 20 1953

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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 Dull*

Licensed Embalmer No. *4321*
P. O. Address *Jefferson City Mo*

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.