

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026217

FILED VS AUG 6 1959

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Unionville</u>		Length of stay in 1b <u>22 Years</u>		c. CITY OR TOWN <u>Unionville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1017 Grant</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1017 Grant</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Edward Basil O'Reilly</u>				4. DATE OF DEATH Month Day Year <u>July 28, 1959</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11/23/1896</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>5</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer & Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Implement Dealer</u>		11. BIRTHPLACE (City and state or country) <u>Putnam County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Frances Hugh O'Reilly</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Viola Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie O'Reilly</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>500-36-2695</u>	17. INFORMANT Address <u>Mrs. Fannie O'Reilly Unionville, Mo.</u>				
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>Cerebral embolism</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Immediately</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>not known</u>								
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <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. I attended the deceased from <u>6-1-59</u> to <u>7-28-59</u> and last saw him alive on <u>7-27-59</u> Death occurred at <u>5:45 A. 6 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>L.W. McDonald Do</u>				22b. ADDRESS <u>Unionville, Missouri</u>		22c. DATE SIGNED <u>7/29/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/30/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cemetery</u>		23d. LOCATION (City, town, or county) <u>Unionville, Missouri</u>				
24. FUNERAL DIRECTOR ADDRESS <u>Comstock Funeral Home, Unionville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7-30-59</u>	26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 29 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James W Comata

Licensed Embalmer No. 4197

P. O. Address Unionville

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.