URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959 47

59–039157
STATE FILE NUMBER

IENDED

Registration District No. _____ Primary Registration District No. 3008 Registrar's No. 312

1. PLACE OF DEATH a. COUNTY Callaway	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton — Length of stay in 1b: 4 Days	c. CITY OR TOWN Fulton — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hospital — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 709 Court St. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Cora Middle: Last: Reily				4. DATE OF DEATH Month Day Year: Dec, 6 1959	
5. SEX: Female	6. COLOR OR RACE: White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 12/5/1875	9. AGE (last birthday): 84	IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (City and state or country): Bowling Green, Mo	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: James Cash	13b. MOTHER'S MAIDEN NAME: Unknown	14. NAME OF HUSBAND OR WIFE: George T. Reily			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: D.K	17. INFORMANT: Miss Sarah Wilson, Address: Fulton, Mo.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Uremia	2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chr. nephritis	2 yrs.
DUE TO (c)	Arteriosclerosis	10 yrs

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1944, to Death and last saw her/him alive on 12-6-59

Death occurred at 430 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John J. Brown (Degree or title) MD — 22b. ADDRESS Fulton Mo — 22c. DATE SIGNED 12-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: Dec 8, 1959 — 23c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery — 23d. LOCATION (City, town, or county) (State): Fulton Mo

24. FUNERAL DIRECTOR: Wallace Funeral Home — ADDRESS: Fulton, Mo — 25. DATE RECD. BY LOCAL REG.: Dec. 7-1959 — 26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JS AUG 22 1966

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 _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 4996

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.