

FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 26 1960

162

Primary Registration District No. 5594

Registrar's No. 94

-60-031091

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL - MERAMEC	Length of stay in 1b 22 DAYS	c. CITY OR TOWN PACIFIC	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INFIRMARY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) HIGHWAY 66
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JAMES PATRICK DAILEY			4. DATE OF DEATH Month Day Year AUGUST 19 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-13-1870	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - MERCHANT	10b. KIND OF BUSINESS OR INDUSTRY HARDWARE STORE	11. BIRTHPLACE (City and state or country) SHASTA COUNTY, CALIF.	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME OWEN DAILEY	13b. MOTHER'S MAIDEN NAME MARGARET LYNCH	44. NAME OF HUSBAND OR WIFE JOHANNA F. O'CONNELL	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT BROTHER LEONARD, ST. JOSEPH'S HILL INF. ADDRESS, ENRIKA, MO.
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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 2 days
IMMEDIATE CAUSE (a)	longestine heart failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	auricular fibrillation	
DUE TO (b)	arteriosclerotic heart disease	
DUE TO (c)	generalized arteriosclerosis	
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 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 Month, Day, Year a.m. p.m.	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 **7-29-60** to **8-19-60** and last saw her alive on **8-18-60**.
Death occurred at **9:00 am 8/19/60** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Patrick C. Hogan MD (degree or title)	22b. ADDRESS 2623 Telegraph Rd. Lemay	22c. DATE SIGNED 8/19/60
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 8-22-60	23c. NAME OF CEMETERY OR CREMATORY Rock Church
		23d. LOCATION (City, town, or county) (State) Pacific Mo

24. FUNERAL DIRECTOR Mrs John L. Shethin Pacific	25. DATE RECD. BY LOCAL REG. 8-22-60	26. REGISTRAR'S SIGNATURE Robert E. Bauer
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 29 1967

STATEMENT BY LICENSED EMBALMER

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 Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union N

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.