

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15640**

FILED JUN 14 1954

No. 300

10.48

BIRTH NO. _____ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **3023** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton 0423	
c. LENGTH OF STAY (in this place) 70 yrs		d. STREET ADDRESS (If rural, give location) 514 E Franklin	
d. FULL NAME OF HOSPITAL OR INSTITUTION 514 E Franklin		e. STREET ADDRESS 514 E Franklin	

3. NAME OF DECEASED (Type or Print) Elizabeth	a. (First)	b. (Middle) GERAGHTY	c. (Last)	4. DATE OF DEATH 6-2-1954
				(Month) (Day) (Year)

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 6-9-1867	9. AGE (In years last birthday) 86
				if UNDER 1 YEAR Months Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Bunker Hill Ill	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME John Nefferman	13b. MOTHER'S MAIDEN NAME Bridget	13c. NAME OF HUSBAND OR WIFE John Geraghty
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Elizabeth Geraghty	ADDRESS Clinton
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Psychosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 304 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 17, 1954** to **May 30, 1954**, that I last saw the deceased alive on **May 30, 1954** and that death occurred at **2:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. R. S. Halligan M.D.	23b. ADDRESS Clinton Mo.	23c. DATE SIGNED 6/3/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-5-1954	24c. NAME OF CEMETERY OR CREMATORY Englewood cemetery	24d. LOCATION (City, town, or county) (State) Clinton Mo
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DATE REC'D BY LOCAL REG. June 3-54	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE Edw. Dickman	ADDRESS Dunaway Clinton Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC 2 2 1957

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
Student Embalmer

Signed Robert J. Dunning

Licensed Embalmer No. 4780

P. O. Address Clinton ms

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 this body is not embalmed, fact should be so stated above.