

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5301**

49  
5

REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **56**

1. PLACE OF DEATH a. COUNTY <b>JASPER.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin, Mo.</b>	
c. LENGTH OF STAY (In this place) <b>13 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>3344 Cambridge Drive</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>B.</b>	
c. (Last) <b>O'Reilly</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2-6-49</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>11-11-1876</b>
9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MGR - Bulk plant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OIL</b>	11. BIRTHPLACE (State or foreign country) <b>Joplin, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>John J. O'Reilly</b>		13b. MOTHER'S MAIDEN NAME <b>Bridgett McGauran</b>	
14. NAME OF HUSBAND OR WIFE <b>Maude M. O'Reilly</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>A. H. O'Reilly</b> ADDRESS <b>Neosho, Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis</b>			<b>3 yrs.</b>
DUE TO (c) <b>120</b>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Left massive pneumonia &amp; effusion</b>			<b>6 wks.</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1-31-1949</b> , to <b>2-7-1949</b> , that I last saw the deceased alive on <b>2-6-1949</b> , and that death occurred at <b>5:25 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Sidney Lee M.D.</b>		23b. ADDRESS <b>308 Francis Blvd Joplin</b>	23c. DATE SIGNED <b>2-5-49</b>
24a. BIRTHPLACE (State) <b>Mo.</b>	24b. DATE <b>2-9-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Catholic</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield Mo.</b>
DATE REC'D BY LOCAL REG. <b>2-9-49</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thornhill-Dillon Mortuary Joplin, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DK 35035E

JUL 24 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 Cecil A. Thomhill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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 this body is not embalmed, fact should be so stated above.