

FILED MAY 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14942**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 537		
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.		c. LENGTH OF STAY (If applicable) 39 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph				
d. FULL NAME OF HOSPITAL OR INSTITUTION 115 Indiana Ave.				d. STREET ADDRESS (If rural, give location) 115 Indianan Ave				
3. NAME OF DECEASED (Type or Print) a. (First) Michael			b. (Middle) Joseph		c. (Last) O'Malley		4. DATE OF DEATH (Month) (Day) (Year) May 9 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 19, 1873		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sec. - Treasure		10b. KIND OF BUSINESS OR INDUSTRY Stock Yards Co.		11. BIRTHPLACE (State or foreign country) Lexington Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Andrew O'Malley			13b. MOTHER'S MAIDEN NAME Mary O'Malley		14. NAME OF HUSBAND OR WIFE Helen B. (Decease)			
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. 495-05-9285		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Mary O'Malley 115 Indiana Ave.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Heart disease with valvular dysfunction</i>						INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hrs	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) St. Joseph Buchanan Mo				
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 Jan 19 46 , to May 19 49 , that I last saw the deceased alive on May 7 19 49 , and that death occurred at 2:05 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE John D. Byrnie M.D. (Degree or title)				23b. ADDRESS St. Joseph, Mo		23c. DATE SIGNED May 12 1949		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/12/1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri			
DATE REC'D BY LOCAL REG. May 12, 1949		REGISTRAR'S SIGNATURE E. G. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE Herman W. Sidenladon		ADDRESS 1802 University		

(Licensed Embalmer's Statement on Reverse Side)

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

APR 19 1950

MAY 17 1949

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: *Elmer Howes*

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph 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.