No. 300
10.48

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38063
State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 64

0861

1. PLACE OF DEATH
a. COUNTY: PUTNAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIONVILLE
c. LENGTH OF STAY (in this place): LIFE TIME
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PUTNAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIONVILLE 0865
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MINNIE
b. (Middle): VIOLA
c. (Last): O'REILLY

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 21, 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPTEMBER 9 1871
9. AGE (In years last birthday): 79 — If under 1 year: Months: 1 Days: 12 — If under 24 hrs.: 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: OWN HOME
11. BIRTHPLACE (State or foreign country): PUTNAM COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: DADE JOHNSON
13b. MOTHER'S MAIDEN NAME: MARGARET HEDRICK
14. NAME OF HUSBAND OR WIFE: FRANK H. O'REILLY

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.: NO
17. INFORMANT'S SIGNATURE OR NAME: MR. BASIL O'REILLY **ADDRESS**: UNIONVILLE, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 31X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 18, 1950, *to* Oct. 21, 1950, *that I last saw the deceased alive on* Oct. 21, 1950, *and that death occurred at* 5:00 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. W. McDonald **(Degree or title)**: DO **23b. ADDRESS**: Unionville, MO **23c. DATE SIGNED**: 10-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10/23/50
24c. NAME OF CEMETERY OR CREMATORY: LEMONS CEMETERY
24d. LOCATION (City, town, or county) (State): LEMONS, MISSOURI

DATE REC'D BY LOCAL REG.: 11-16-50
REGISTRAR'S SIGNATURE: Marvell Durbin 266
25. FUNERAL DIRECTOR'S SIGNATURE: COMSTOCK FUNERAL HOME BY J. W. Comstock **ADDRESS**: UNIONVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 22 [illegible]
DISTRICT HEALTH OFFICE #2
District File Number 11-50-1988
Date Filed: NOV 25 [illegible]

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Richard H. Lussier

Signed.....
Student Embalmer

Licensed Embalmer No. 4617

P. O. Address Gardiner, Me

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.