

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19898

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>77</u>	PRIMARY REG. DIST. NO. <u>3016</u>	Registrar's No. <u>151</u>
1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u> <u>0264</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>JEFFERSON CITY, MO.</u> <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>208 MARSHALL</u>		
3. NAME OF DECEASED a. (First) <u>NELL</u> b. (Middle) <u>CANNON</u> c. (Last) <u>O'RILEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 23, 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9/5/1884</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>67</u>	
11. BIRTHPLACE (State or foreign country) <u>ST. JOSEPH, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>THOMAS J. CANNON</u>		13b. MOTHER'S MAIDEN NAME <u>ANN WALL</u>		14. NAME OF HUSBAND OR WIFE <u>J. J. O'RILEY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. J. O'RILEY J. C. MO.</u>
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Hypertensive Heart Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Previous stroke Jan. 1951</u>		INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		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) _____
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 <u>6-20, 1952</u> to <u>6-23, 1952</u> , that I last saw the deceased alive on <u>6-22, 1952</u> , and that death occurred at <u>9:45 P.M.</u> , from the causes and on the date stated above.				
22a. SIGNATURE (Degree or title) <u>R. O. Odoman M.D.</u>		22b. ADDRESS <u>Jeff. City - Mo.</u>		22c. DATE SIGNED <u>6-24-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 26, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MR. O'LEVE</u>
24d. LOCATION (City, town, or county) (State) <u>ST. JOSEPH, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sylvester Skulle J. C. MO.</u>		
DATE REC'D BY LOCAL REG. <u>June 24-1952</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis M.D. - Dir.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sylvester Skulle J. C. MO.</u>

(Licensed Embalmer's Statement of Reverse Side)

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

FILED JUN 27 1952

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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.....

Sylvester Dulle

Licensed Embalmer No. *4351*

P. O. Address *Jefferson City, 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.