

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44200

No. 300
10. 48

FILED JAN 5 1953

State File No.

REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 244

I. PLACE OF DEATH
a. CITY Sublime

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Stoddard

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall Co. Springfield c. LENGTH OF STAY (in this place) 2 years

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia 0804

d. FULL NAME OF HOSPITAL OR INSTITUTION Mo State School d. STREET ADDRESS (If rural, give location) 1628 E. 4th St.

3. NAME OF DECEASED
a. (First) Loyce b. (Middle) Anna c. (Last) Reilly

4. DATE OF DEATH (Month) (Day) (Year) 12 29 1952

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) never married

8. DATE OF BIRTH 08-28-1902 **9. AGE** (In years last birthday) 11 **10. MONTHS** 3 **11. DAYS** 1 **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) patient **10b. KIND OF BUSINESS OR INDUSTRY** State School **11. BIRTHPLACE** (State or foreign country) Missouri **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Joseph Martin Reilly **13b. MOTHER'S MAIDEN NAME** Mary Louisa Bent **14. NAME OF HUSBAND OR WIFE** none

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.** none **17. INFORMANT'S SIGNATURE OR NAME** State School Nurse Marshall **ADDRESS** 3403

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute meningitis **INTERVAL BETWEEN ONSET AND DEATH** 5 hrs

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) 3403

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Amputation of hand injury at birth

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) — **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 12 29, 1952, to 12 29, 1952, that I last saw the deceased alive on 12 29, 1952, and that death occurred at 5:36 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James H. Davidson Jr. M.D. **23b. ADDRESS** Mo State School Marshall Co **23c. DATE SIGNED** 12-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal **24b. DATE** — **24c. NAME OF CEMETERY OR CREMATORY** — **24d. LOCATION** (City, town, or county) (State) —

DATE REC'D BY LOCAL REG. Dec. 29, 1952 **REGISTRAR'S SIGNATURE** Edney J Gray **395-** **5. FUNERAL DIRECTOR'S SIGNATURE** Dwain Erving **ADDRESS** —

(Licensed Embalmer's Statement on Reverse Side)

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

70
2

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 R. E. Baker.....

Licensed Embalmer No. 2419.....

P. O. Address Sedalia 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.