No. 300
10-48

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5611

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4359 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Point Pleasant
c. LENGTH OF STAY (In this place)
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 Mo
b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
d. STREET ADDRESS (If rural, give location) Point Pleasant

3. NAME OF DECEASED (Type or Print) a. (First) Tom b. (Middle) c. (Last) Conner

4. DATE OF DEATH (Month) (Day) (Year) March 7 1949

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 22, 1888
9. AGE (In years last birthday) 60 — IF UNDER 1 YEAR Months 7 Days 15 — IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME John Conner
13b. MOTHER'S MAIDEN NAME Martha Unknown
14. NAME OF HUSBAND OR WIFE Maggie Murry Conner

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 Johnny Conner ADDRESS Portageville, 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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) mitral stenosis
DUE TO (c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH

11. 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 ☐ 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* Dec. 22, 1948, *to* Mar 5, 1949, *that I last saw the deceased alive on* Mar. 5, 1949, *and that death occurred at* 4:48 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) P. J. Salalto D.O.
23b. ADDRESS Portageville, Mo.
23c. DATE SIGNED 3/11/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 13, 1949
24c. NAME OF CEMETERY OR CREMATORY Free Will Cemetery
24d. LOCATION (City, town, or county) (State) Point Pleasant Mo

DATE REC'D BY LOCAL REG. Mar 11, 1949
REGISTRAR'S SIGNATURE Ellen DeLisle 219
25. FUNERAL DIRECTOR'S SIGNATURE DeLisle Funeral Parlor ADDRESS Portageville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 3
District File Number 349-37
Date Filed 3-14-49

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 Joseph A. DeLisle

Licensed Embalmer No. 4481

P. O. Address Augusta, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.