

FILED MAY 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16462

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 50

55

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

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lawrence</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>   |  |
| c. LENGTH OF STAY (In this place) <u>NO</u>  |  | d. STREET ADDRESS (If rural, give location) <u>312 W MYRTLE</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>312 WEST MYRTLE</u>                             |  |  |  |

|  |                           |   |  |
|--|---------------------------|---|--|
| 3. NAME OF DECEASED<br>a. (First) <u>MINNIE</u> b. (Middle) <u>MAVIA</u> c. (Last) <u>CONNEX</u> |                           | 4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 29 1949</u>  |  |
| 5. SEX <u>F</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>                                       | 8. DATE OF BIRTH <u>SEPT 22 - 1871</u> |
| 9. AGE (In years last birthday) <u>77</u>  |                           | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> |  |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>   |                           | 11. BIRTHPLACE (State or foreign country) <u>Ill</u>  |  |
| 12. CITIZEN OF WHAT COUNTRY? (U. S. A.) <u>LAWRENCE</u>  |                           |   |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>OREN PARK</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>LUCINDIA COLEMAN</u> |  | 14. NAME OF HUSBAND OR WIFE <u>JAMES CONNER</u>                                  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> |  | 16. SOCIAL SECURITY NO. <u>no</u>                 |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Evelyn Conner</u> ADDRESS <u>Aurora, MO</u> |  |

|  |  |  |  |                                  |  |
|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| ANTECEDENT CAUSES<br>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<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  | <u>4 1/2</u>                     |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) |  | 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 April 10, 1949, to April 29, 1949 that I last saw the deceased alive on Oct 25, 1949, and that death occurred at 11 A. m., from the causes and on the date stated above.

|  |  |                         |  |   |  |
|--|--|-------------------------|--|---|--|
| 23a. SIGNATURE <u>W. H. ...</u> (Degree or title)                |  | 23b. ADDRESS <u>...</u> |  | 23c. DATE SIGNED <u>April 30, 1949</u>          |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>         |  | 24b. DATE <u>5/2/49</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Salem</u> |  |
| 24d. LOCATION (City, town, or county) (State) <u>Sligman, MO</u> |  |                         |  |   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>May 2 - 49</u> |  | REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u> ADDRESS <u>...</u> |  |
|--|--|--|--|--|--|

RECEIVED

District Health Officer No. 6,

District File Number 549-511

Date Filed 5-9-49

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 \_\_\_\_\_

working under my personal supervision.

*[Handwritten signature]*

Student Embalmer No. \_\_\_\_\_

Signed *[Handwritten signature: Oscar L. Marsh]*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3812

P. O. Address Pyra 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.