

No. 300
10.48

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16665

BIRTH NO. REG. DIST. NO. 217 52 PRIMARY REG. DIST. NO. 5786 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyatt rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyatt, Rural</u>	
c. LENGTH OF STAY (In this place) <u>35 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi. S.E. of Wyatt</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles S.E. of Wyatt</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi. S.E. of Wyatt</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Oscar</u> c. (Last) <u>O'Connor</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-11-49</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct 31, 1874</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>27</u>	IF UNDER 4 HRS. Hours <u>1</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Hickman Co., Kentucky</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			

13a. FATHER'S NAME <u>John O'Connor</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Hayden</u>	14. NAME OF HUSBAND OR WIFE <u>Lela Deid</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>Not known</u>	16. SOCIAL SECURITY NO. <u>None known</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ESMER O'CONNOR, R#2, CHARLESTON</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		10 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		334X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.)	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 5-11, 1949, to 5-11, 1949, that I last saw the deceased alive on 5-11, 1949 and that death occurred at 9:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D.P. Fenton D.D.</u>	23b. ADDRESS <u>Wyatt, Mo.</u>	23c. DATE SIGNED <u>5-20-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-14-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Charles Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Christopher, Ky.</u>
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DATE REC'D BY LOCAL REG. <u>May 27-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. John Bondurawski</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Joe R. Dunnelee Charleston, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 549-624

Date Filed 5-31-49

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 Joe R. Nunnelee

Licensed Embalmer No. 4413

P. O. Address Charleston, 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.