

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36031**

FILED OCT 22 1949

BIRTH NO. _____ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **6152** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard / 112			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN- Rural Liberty Twp.		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty Twp. / 0		d. STREET ADDRESS (If rural, give location) R.F.D. #4, Dexter, Mo. / 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION -- B							
3. NAME OF DECEASED (Type or Print) Loyd O Conner			4. DATE OF DEATH Sept. 30, 1949				
5. SEX Male / 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Nov. 26, 1913	9. AGE (in years last birthday) 35	IF UNDER 1 YEAR Months 10	IF UNDER 1 YEAR Days 4	IF UNDER 1 YEAR Hours 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Vinson, Mo. / 0		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Calvin Conner		13b. MOTHER'S MAIDEN NAME Charlotte Tettron		14. NAME OF HUSBAND OR WIFE Clone Conner			
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willis Conner Dexter, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture and internal injuries					INTERNAL TIME OF ONSET AND DEATH Sudden ES166 26	
	ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. Automobile and tractor collision						
19a. DATE OF OPERATION --		19b. MAJOR FINDINGS OF OPERATION --				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 25		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dexter Stoddard Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 30, 1949		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Truck and tractor collision / 1 23			
22. I hereby certify that I attended the deceased from --, 19--, to --, 19--, that I last saw the deceased alive on --, 19--, and that death occurred at 1 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Way W. Rainey, Coroner 3				23b. ADDRESS Dexter, Mo.		23c. DATE SIGNED 9-30-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-2-49	24c. NAME OF CEMETERY OR CREMATORY Essex		24d. LOCATION (City, town, or county) (State) Essex, Missouri		
DATE REC'D BY LOCAL REG 10-11-1949		REGISTRAR'S SIGNATURE Thomas D. Jenkins / 1469		25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey		ADDRESS Dexter, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 18 1949

District Health Office No. _____

District File Number 1049-10

Case Filed _____

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 _____

Licensed Embalmer No. 23479

P. O. Address Wentz, W.M.

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.