

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41729

State File No.

BIRTH NO. <u>81500-49</u>		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>440</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>3404 West Ely Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jane Maude Conner</u> b. (Middle) c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) <u>December 10, 49</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>December 9, 49</u>	
9. AGE (In years last birthday) <u>13</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XX</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (State or foreign country) <u>Hannibal Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert E. Conner</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Burnett</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>XX</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Conner Hannibal Missouri</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congenital absence right diaphragm, atelectasis right lung, congenital heart</u> ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH <u>13 hrs</u> <u>7592</u>	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>12/9/49</u> , 19 <u>49</u> , to <u>12/10/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12/10/49</u> , 19 <u>49</u> , and that death occurred at <u>11:50 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. E. Sultzman</u> (Degree or title) <u>M.D.F.A.C.S.</u>				23b. ADDRESS <u>115 N. 5th St., Hannibal, Mo</u>		23c. DATE SIGNED <u>12/12/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/12/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-17-49</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Deputy W. Crawford Smith</u>		ADDRESS <u>Hannibal Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 22 1949
MARION CO. HEALTH DEPT.
DATE FILED DEC 24 1949

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.

Signed_____

John S. Ward

Signed_____Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.