

FILED SEP 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **226358**

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

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>5291</u>		Registrar's No. <u>59</u>		
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		c. LENGTH OF STAY (in this place) <u>2 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		<u>0341</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Loof. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>418 E. Miss. St.</u>				
3. NAME OF DECEASED a. (First) <u>Laura</u> (Type or Print)			b. (Middle) _____		c. (Last) <u>McConn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 20 1872</u>		9. AGE (In years last birthday) <u>77</u>	10. UNDER 1 YEAR Days <u>9</u>	11. UNDER 1 HRS. Hours <u>4</u> Min. _____	
10a. 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>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Liberty Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>James T Marsh MD</u>		13b. MOTHER'S MAIDEN NAME <u>Bohavia Brashear</u>		14. NAME OF HUSBAND OR WIFE <u>Charles McConn</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles McConn</u> ADDRESS <u>Liberty Mo</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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Squamous</u>				DUE TO (b) _____				<u>1 1/4 years</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>153X</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable ca of Squamous</u>		20. AUTOPSY? YES <input checked="" 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 <u>May</u> , 19 <u>50</u> , to <u>July</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Aug 24</u> , 19 <u>50</u> , and that death occurred at <u>9:07</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Wm H Goodson M.D.</u> (Degree or title)				23b. ADDRESS <u>Liberty Mo</u>		23c. DATE SIGNED <u>Aug 24/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 26 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Int Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Aug. 26 1950</u>		REGISTRAR'S SIGNATURE <u>Minnie Haynes.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P Church - Archer Co.</u> ADDRESS <u>Liberty Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)



**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 John Embury

Licensed Embalmer No. 4448

P. O. Address Liberty 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.