

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29440

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1024</u>			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 43 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		d. STREET ADDRESS (If rural, give location) 632 Bon Ton			
d. FULL NAME OF HOSPITAL OR INSTITUTION 632 Bon Ton				d. STREET ADDRESS (If rural, give location) 632 Bon Ton					
3. NAME OF DECEASED (Type or Print) a. (First) Chauncey			b. (Middle) Tracy		c. (Last) Conner		4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1950		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 4-12-1881		9. AGE (In years last birthday) Months Days 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) supervisor			10b. KIND OF BUSINESS OR INDUSTRY Gov't. Postoffice		11. BIRTHPLACE (State or foreign country) Nebraska /			12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Dr. W. H. Conner			13b. MOTHER'S MAIDEN NAME Mary Vander Veer			14. NAME OF HUSBAND OR WIFE Iona B. 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Iona B. Conner St. Joseph, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line, (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) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 5 min	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis				?	
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								4221	
18a. 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)					
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 19, 1950</u> , to <u>Sept 7, 1950</u> , that I last saw the deceased alive on <u>Sept 8, 1950</u> , and that death occurred at <u>8:15P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Clifford L. Steadley				23b. ADDRESS 801 1/2 Francis St.				23c. DATE SIGNED 9-9-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
burial		9-12-50		Memorial Park		St. Joseph Mo.			
DATE REC'D BY LOCAL REG Sept. 12, 1950		REGISTRAR'S SIGNATURE B. B. Jenkins			3820 WESTON-BOWMAN-TURNER HOME		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

L56105

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.

Student Embalmer No.

Signed *William Spalding*

Signed
Student Embalmer

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th St. Wash.*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of Buchanan ss.

State File No. 29440
Local Registrar's No. 1024

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 25th day of Sept., 1950, before me appears Jona B. Conner, who, upon her oath, states that the original record of ~~birth~~ death for Phouney Tracy Conner, died 9-8, 1950, in the State of Missouri, and which was filed at St. Joseph, Mo. on 9-12, 1950, should be corrected as follows:

Item No. 8 should read 4-2-1881

Instead of.....

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Jona B. Conner wife
Relationship.

632 Bon Ton
Present Address. St. Joseph, Mo.

Subscribed and sworn to before me this 25th day of Sept., 1950.

My Commission expires Oct. 18, 1950
Aloise Brown Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.