

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5471

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>	
c. LENGTH OF STAY (in this place) <u>All life</u>		d. STREET ADDRESS (If rural, give location) <u>705 Washington Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sale Memorial Hos.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Cloe</u> c. (Last) <u>CONNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 7 1951</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>Sept 17-1897</u>
9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <u>4 20</u>	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>Housekeeping</u>
11. BIRTHPLACE (State or foreign country) <u>McDonald County Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>A. J. LAND</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>HARRY CONNER</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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James H. Land</u>		ADDRESS <u>Neosho</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis liver</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac de compensation</u>			<u>3 months</u>
DUE TO (c) _____			<u>5810</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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)			
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>JAN 1</u> , 19 <u>51</u> , to <u>7 FEB</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7 Feb</u> , 19 <u>51</u> , and that death occurred at <u>6 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Neosho Mo</u>	
23c. DATE SIGNED <u>13 Feb 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-11-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pierce City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pierce City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 13, 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 123	
25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK-BIGHAM</u>		ADDRESS <u>Neosho, Mo.</u>	

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

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**RECEIVED**

District Health Officer, No. Newton Co.

District File Number 251-52

Date Filed 2/21/51

APR 11 1951

**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 K. G. White

Licensed Embalmer No. 4240

P. O. Address Newto, 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.