. No. 300
. 10.48

FILED DEC 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39750

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY MONITEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CALIFORNIA
c. LENGTH OF STAY (In this place) 6 MTHS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LATHAM HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY MONITEAU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TIPTON 0680
d. STREET ADDRESS (If rural, give location) — 0

3. NAME OF DECEASED (Type or Print) a. (First) KATHRYN b. (Middle) SUSAN c. (Last) CONN

4. DATE OF DEATH (Month) (Day) (Year) NOV. 19, 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH SEPT. 4, 1866
9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months 2 Days 15 IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING
11. BIRTHPLACE (State or foreign country) HAGERSTOWN, INDIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ANDREW MICHAEL
13b. MOTHER'S MAIDEN NAME ANGELINA LOEB
14. NAME OF HUSBAND OR WIFE WILL J. CONN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Russell Roy Conn, Sr., ADDRESS Sedalia, Mo.

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis

DUE TO (c)

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 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-5, 1953, *to* 11-19, 1953, *that I last saw the deceased alive on* 11-19, 1953, *and that death occurred at* 10:40 pm., *from the causes and on the date stated above.*

23a. SIGNATURE Leone M. Galla Sue Md. (Degree or title)
23b. ADDRESS California Mo.
23c. DATE SIGNED 11/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE NOV. 21, 1953
24c. NAME OF CEMETERY OR CREMATORY MASONIC
24d. LOCATION (City, town, or county) (State) TIPTON, MO.

DATE REC'D BY LOCAL REG. 11-22-53
REGISTRAR'S SIGNATURE H L Papyoy HLR
25. FUNERAL DIRECTOR'S SIGNATURE Hugh E. Williams ADDRESS California Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California 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.