

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

1083

State File No. _____

BIRTH NO. FILED FEB 1 1954 REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3013 Registrar's No. 191

1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> c. LENGTH OF STAY (in this place) <u>3 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Moore Rest Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>0</u>	
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3. NAME OF DECEASED (Type or Print) <u>WALTER</u> a. (First) <u>0.</u> b. (Middle) <u>CONNER</u> c. (Last) 4. DATE OF DEATH (Month) (Day) (Year) <u>1-27-1954</u>			5. SEX <u>male</u> 6. COLOR OR RACE <u>white</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		
8. DATE OF BIRTH <u>9-6-1881</u> 9. AGE (in years last birthday) <u>72</u> 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>General.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Warrensburg, Mo.</u> 12. CITIZEN OF WHAT COUNTRY <u>A.</u>		

13a. FATHER'S NAME <u>Syrus Conner</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Minerva</u>	14. NAME OF HUSBAND OR WIFE <u>single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (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>Records at Moore Rest Home</u> ADDRESS <u>Clinton, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES <u>Hypertensive Cardio-renal Disease</u> DUE TO (b) <u>None</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>10 weeks</u>
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19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>442X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clinton, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>

22. I hereby certify that I attended the deceased from March 1953, to Jan 27, 1954 **that I last saw the deceased alive on** Jan 26, 1954 **and that death occurred at** 4 P. M. **from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) <u>S. B. Whigham M.D.</u>	23b. ADDRESS <u>Clinton, Mo.</u>	23c. DATE SIGNED <u>1/29/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-30-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>
24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Jan-30-54</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Brown</u> ADDRESS <u>Pleasant Hill Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

1928

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 _____

Licensed Embalmer No. 3785

P. O. Address Plumville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.