

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5471**
 BIRTH DATE **FEB 26 1954** REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY Merion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Rolls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place) 1/29/54	c. CITY OR TOWN New London
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) Jessie Conn (Type or Print)		b. (Middle) Strode	c. (Last)
4. DATE OF DEATH February 14, 1954		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH November 6, 1881		9. AGE (in years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY XX	
11. BIRTHPLACE (City and State or Foreign Country) New London Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Raphael Conn		13b. MOTHER'S MAIDEN NAME Amanda Brashears	
14. NAME OF HUSBAND OR WIFE Dr. Robert C. Strode		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Gilbert Croll	
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.		19. ADDRESS Hannibal Missouri	
18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pleurisy, pulmonary ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND 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) 1342	
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 Jan 29, 1954 , to Feb 14, 1954 , that I last saw the deceased alive on Feb 14, 1954 , and that death occurred at 7:00 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE J. J. [Signature]		23b. ADDRESS Hannibal Mo.	
23c. DATE SIGNED Feb 15, 1954		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2/16/54		24c. NAME OF CEMETERY OR CREMATORY Berkley	
24d. LOCATION (City, town, or county) (State) New London Missouri		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS J. J. [Signature] Hannibal Missouri	
DATE REC'D BY LOCAL REG. 2-17-54		REGISTRAR'S SIGNATURE Dr. E.M. Lucke By W. Fisher	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 24 1954

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED FEB 24 1954

MAR 17 1954

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.....
Signature of Student Embalmer

Signed *John S. Stand*.....
Licensed Embalmer No. 45

P. O. Address... Hannibal, Mi.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.