

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7764**
Registrar's No. **291**

FILED MAR 22 1954
BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Nebraska b. COUNTY Gage		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 1 Day	c. CITY OR TOWN Wymore		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Andrews Hotel, 1224 So 6th			e. STREET ADDRESS (If rural, give location) None		
3. NAME OF DECEASED (Type or Print) a. (First) Cleo b. (Middle) Clifton c. (Last) Connor			4. DATE OF DEATH (Month) (Day) (Year) March 15, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 4, 1900	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor		10b. KIND OF BUSINESS OR INDUSTRY C.B. & Q. RR Co	11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Frank Connor		13b. MOTHER'S MAIDEN NAME Hattie Clark	14. NAME OF HUSBAND OR WIFE Pansy McCoy Connor		
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. 707-07-4146	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pansy McCoy Connor Wymore, Nebr.			
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Lymphoma		INTERVAL BETWEEN ONSET AND DEATH 3 years
			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.		
19a. DATE OF OPERATION 10/31/51	19b. MAJOR FINDINGS OF OPERATION Lymphoma of Spleen			20. AUTOPSY? 2002 YES <input checked="" type="checkbox"/> NO <input 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) (Min)	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 10-9-1954 to 3-15-1954 , that I last saw the deceased alive on 3-13-1954 , and that death occurred at 8:30a m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John M. David MD			23b. ADDRESS 902 Edmund St. St Joseph Mo.		23c. DATE SIGNED 3/16/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 18, 54	24c. NAME OF CEMETERY OR CREMATORY Edgewood Cemetery	24d. LOCATION (City, town, or county) (State) Chillicothe, Mo.		
DATE REC'D BY LOCAL REG. Mar 17, 1954	REGISTRAR'S SIGNATURE Esther M. Allison		485	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman W. Sidenfaden 1802 Union St. St. Joseph, Mo.	

APR 27 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 *Robert H. Yapple*.....

Licensed Embalmer No. 3308

P. O. Address St. Joseph.....

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.