

No. 300
10-48

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **15354**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **5309** Registrar's No. **43**

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Cooper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper | |
| b. CITY (If outside corporate limits, write RURAL and give town) Rural Boonville TWP | | c. CITY OR TOWN Boonville | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 1 year | | e. STREET ADDRESS (If rural, give location) RFD Boonville, Mo. 0270 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|---|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) EARL c. (Last) CONLIN | | | 4. DATE OF DEATH (Month) (Day) (Year) June 7, 1954 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Sept. 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) Hotels | | 10b. KIND OF BUSINESS OR INDUSTRY Motel | 11. BIRTHPLACE (City and State or Foreign Country) Brookfield, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME Michael Conlin | | 13b. MOTHER'S MAIDEN NAME Sally Golden | | 14. NAME OF HUSBAND OR WIFE Anastasia O'shaughnessy | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 487-10-7827 | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Frances Conlin, Brookfield, Mo. | |

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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH Just |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic obstructive pulmonary disease DUE TO (c) Chronic hypertension | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio-sclerotic heart disease | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? 4200 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 **June 13, 1954** to **June 7, 1954**, that I last saw the deceased alive on **June 7, 1954**, and that death occurred at **11:20 A.M.**, from the causes and on the date stated above.

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|---|-------------------------------|----------------------------------|--------------------------------|
| 23a. SIGNATURE OF REGISTRAR W.L. Dierckx | (Degree or title) M.D. | 23b. ADDRESS Boonville Mo | 23c. DATE SIGNED 6/8/54 |
|---|-------------------------------|----------------------------------|--------------------------------|

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|---|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE June 10/54 | 24c. NAME OF CEMETERY OR CREMATORY St. Michaels Cemetery | 24d. LOCATION (City, town, or county) (State) Brookfield, Missouri |
|---|-----------------------------|---|---|

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|--|---|--|
| DATE REC'D BY LOCAL REG. 6/8/54 | REGISTRAR'S SIGNATURE W.L. Dierckx | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Miller-Tillitson Marceline, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 12 1955

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 *Beryl W. Hacker*.....

Licensed Embalmer No. *398*.....

P. O. Address *Basnett*.....

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.