

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15822
Registrar's No. 2323

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2323	
1. PLACE OF DEATH: a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE MO b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 600 Walnut in Basement				e. STREET ADDRESS (If rural, give location) 118 1/2 Indop. Ave 2028			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) E		c. (Last) Connor		4. DATE OF DEATH (Month) (Day) (Year) May 22-1954	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Nov 17-1886	
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Greenback Tenn.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Rush Connor		13b. MOTHER'S MAIDEN NAME Emma Grizo		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 493-20-368		17. INFORMANT'S SIGNATURE OR NAME Benjamin A. Bouška Connor		ADDRESS 2027 Magnolia Tenn	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown ANTECEDENT CAUSES 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. Mild heart trouble					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Part Refused				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh H. Owens (Degree or title) Deputy Queen's Counsel				23b. ADDRESS 1134 Reath Bldg		23c. DATE SIGNED 5-23-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 23-1954		24c. NAME OF CEMETERY OR CREMATORY Morgan Lee Cemetery		24d. LOCATION (City, town, or county) (State) Greenback Tenn.	
DATE REC'D BY LOCAL REG. 5-23-54		REGISTRAR'S SIGNATURE Leraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Passantino Bros		ADDRESS TCMO	

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.....
Signature of Student Embalmer

Signed *Leonard C Panantano*

Licensed Embalmer No. *5-49*

P. O. Address *KCMO*

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.