

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16626**

BIRTH NO.		REG. DIST. NO. <b>209</b>	PRIMARY REG. DIST. NO. <b>3043</b>	Registrar's No. <b>154</b>
1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Hannibal</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Riverview Rest Home 1606 Harrison</b>		e. STREET ADDRESS (If rural, give location) <b>RFD # 2</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Annie O'Conner</b> b. (Middle) <b>Moss</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>May 25, 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>February 15, 1877</b>	9. AGE (In years last birthday) <b>77</b> IF UNDER 1 YEAR Months <b>3</b> Days <b>10</b> IF UNDER 24 HRS. Hours <b>10</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>XX</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Marion County Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>James T. O'Conner</b>		
13b. MOTHER'S MAIDEN NAME <b>Sarah Ann Boone</b>		14. NAME OF HUSBAND OR WIFE <b>Joe Moss</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>XX</b>		16. SOCIAL SECURITY NO. <b>XX</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Harvey Nix RFD 2 Palmyra Mo</b> ADDRESS
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchio pneumonia</b> 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. <b>Rheumatoid arthritis, severe</b>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>491 X</b>			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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 <b>May 22, 1954</b> to <b>May 25, 1954</b> , that I last saw the deceased alive on <b>May 25, 1954</b> , and that death occurred at <b>5:45 P. m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>[Signature]</b> (Describe or title)			23b. ADDRESS <b>Hannibal Mo</b>	
23c. DATE SIGNED <b>May 28/54</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>5/27/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>	24d. LOCATION (City, town, or county) (State) <b>Palmyra Missouri</b>	
DATE REC'D BY LOCAL REG. <b>6/1/54</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Hannibal Missouri</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1954

RECEIVED

VARION CO. HEALTH DEPT

JUN 4 1954

DATE FILED

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 L. Stand*.....  
Licensed Embalmer No..4540...

P. O. Address Hannibal, Miss

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.