

FILED AUG 17 1954

STANDARD CERTIFICATE OF DEATH

State File No. 28419

BIRTH NO. _____		REG. DIST. NO. <u>250</u>		PRIMARY REG. DIST. NO. <u>5849</u>		Registrar's No. <u>11</u>							
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Nodaway</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Clyde rural Jefferson</u>)		c. LENGTH OF STAY (in this place or township) <u>77 yrs</u>		c. CITY OR TOWN <u>Clyde rural Jefferson</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>0740</u>									
3. NAME OF DECEASED (Type or Print) <u>Mary Elizabeth O'Connor</u>			a. (First)			b. (Middle)			c. (Last)				
4. DATE OF DEATH (Month) (Day) (Year) <u>8-11-1954</u>													
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>9-4-1876</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Clyde, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John G. Growney</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Ann Farnan</u>				14. NAME OF HUSBAND OR WIFE <u>deceased</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Helen O'Connor-Clyde, Mo.</u>				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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>								<u>12 HRS.</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY ARTERIOSCLEROSIS</u>								<u>7 YRS.</u>	
				DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u>								<u>8 YRS.</u>	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>4201</u>								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) _____				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 <u>May 15, 1947</u> , to <u>Aug 11, 1954</u> , that I last saw the deceased alive on <u>JAN. 28, 1954</u> , and that death occurred at <u>12:50 P. m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Paul J. Kadane</u>						(Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Conception, Mo.</u>			23c. DATE SIGNED <u>8/13/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-13-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Columba Cem</u>				24d. LOCATION (City, town, or county) (State) <u>Conception Mo.</u>					
DATE REC'D BY LOCAL REG. <u>Aug 14-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Eliza Bushaw</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed McChesney</u>				ADDRESS <u>Maryville Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 8 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..... *G. M. Altus*

Licensed Embalmer No. 227

P. O. Address..... *Maywell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.