

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **373**

BIRTH NO. **FILED FEB 1 - 1955** REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **5146** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Davis Twn.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Davis Twn. 0130	
c. LENGTH OF STAY (in this place) 14 Mo.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION ---			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Riley	c. (Last) Conner	4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1955
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5. SEX male 0	6. COLOR OR RACE white	7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 17, 1878	9. AGE (In years last birthday) 77 yrs. If UNDER 1 YEAR: Months Days If UNDER 48 HRS.: Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME David Conner	13b. MOTHER'S MAIDEN NAME Sarah Hollingsworth	14. NAME OF HUSBAND OR WIFE Sadie Conner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Sadie Conner	ADDRESS Braymer, Mo RFD
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years many years many years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Generalized Arteriosclerosis		
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 332X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 27, 1955**, to **Jan. 21, 1955**, that I last saw the deceased alive on **Jan. 19, 1955**, and that death occurred at **5:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. E. Jolley MD. 0	23b. ADDRESS Braymer, Mo.	23c. DATE SIGNED 1-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-23-55	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cem.	24d. LOCATION (City, town, or county) (State) Braymer, Mo.
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DATE REC'D BY LOCAL REG. 1-27-55	REGISTRAR'S SIGNATURE Wm. Ruthless	25. FUNERAL DIRECTOR'S SIGNATURE MEAD'S Funeral Service, 627-24.	ADDRESS Braymer, Mo
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(License Embalmer's Statement on Reverse Side)

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

FEB 4 1955

100 2874

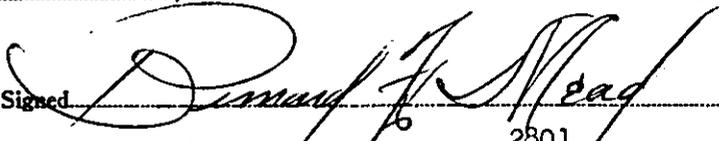
STATEMENT BY LICENSED EMBALMER

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
Student Embalmer

Signed 

Licensed Embalmer No. 2801

P. O. Address Braymer, Mo

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 this body is not embalmed, fact should be so stated above.