

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21930

State File No. _____

FILED AUG 8 - 1955

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5518 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Walker township</u> c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY OR TOWN <u>Montrose Rt 3</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home - Rural Walker township</u>		f. STREET ADDRESS (If rural, give location) <u>Walker township 7420</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>A</u> c. (Last) <u>CONNOR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 7 1871</u>	9. AGE (In years last birthday) <u>83</u> if UNDER 1 YEAR Months <u>11</u> if UNDER 24 HRS. Days <u>22</u> Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charley Connor</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Louance</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Jane Connor</u>
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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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. O. Connor</u> ADDRESS <u>Montrose Mo Rt 3</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>331X</u> DUE TO (c) _____		
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	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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from June 23, 1955, to July 27, 1955, that I last saw the deceased alive on July 27, 1955, and that death occurred at 12:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. Baggerly MD</u>	23b. ADDRESS <u>Montrose Mo</u>	23c. DATE SIGNED <u>7-29-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/30/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>John's Town</u>	24d. LOCATION (City, town, or county) (State) <u>Johnston Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-29-55</u>	REGISTRAR'S SIGNATURE <u>Florence Adair 422</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. L. Schaberg</u> ADDRESS <u>Clinton Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 F. L. Schaber

Licensed Embalmer No. 45

P. O. Address Clarks

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.