

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2173

FILED JAN 19 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 253 PRIMARY REG. DIST. NO. 5876 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>OREGON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>OREGON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ALTON-RURAL-</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ALTON-RURAL-</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JASPER</u> b. (Middle) <u>William Andrew</u> c. (Last) <u>CONNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 4 1956</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>5-29-1889</u>		9. AGE (In years last birthday) <u>66</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	

13a. FATHER'S NAME <u>GEORGE CONNER</u>		13b. MOTHER'S MAIDEN NAME <u>MINKIE ANDERSON</u>		14. NAME OF HUSBAND OR WIFE <u>BELLE CONNER</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>ALVIN CONNER</u> ADDRESS <u>ALTON, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertensive heart disease</u> DUE TO (c) <u>atherosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1h</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from Jan 4, 1955, to Jan 4, 1956, that I last saw the deceased alive on Jan 4, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Cooper</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Alton Mo</u>		23c. DATE SIGNED _____	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-6-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BARILEY CEMETARY</u>		24d. LOCATION (City, town, or county) <u>OREGON COUNTY MO</u> (State) _____	
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DATE REC'D BY LOCAL REG. <u>Jan 14 -56</u>		REGISTRAR'S SIGNATURE <u>Mrs W Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Clark</u> ADDRESS <u>Alton Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

John D. Clark

Licensed Embalmer No. *HH 718*

P. O. Address *Box 395, Alt.*

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.