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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

35382

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9656

1. PLACE OF DEATH
a. COUNTY Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. Pacific Hospital — Length of stay in 1b 1 month 22 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY
c. CITY OR TOWN Brighton 8120 8 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Thomas Middle Patrick Last Conners

4. DATE OF DEATH Month October Day 20th Year 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH October 1st, 1891
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegrapher
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (City and state or country) Burlingham, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mathew Conners
14. MOTHER'S MAIDEN NAME Maude Edwards

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 709-12-2550
17. INFORMANT Nellie Conners (wife) Address Brighton, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, Diffuse bilateral

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Caseous Tuberculosis, Rt. upper lobe

DUE TO (c) Fibrous pericarditis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hydronephritis, Pyelonephritis, Chronic

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) .002X
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-28-56, to 10-20-56 and last saw ~~her~~ him alive on 10-20-56
Death occurred at 10:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John T Vandover MD
22b. ADDRESS 1755 So Grand
22c. DATE SIGNED Oct 22 1956

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 10-21-56
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Brighton, Illinois

24. FUNERAL DIRECTOR ADDRESS Warner, Brighton, Ill.
25. DATE RECD. BY LOCAL REG. OCT 23 1956
26. REGISTRAR'S SIGNATURE J Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Harvey Kahle.....

Licensed Embalmer No..45

P. O. Address..St. Louis

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.