

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2109

STATE FILE NUMBER

FILED FEB 4 1957

Registration District No. 238 Primary Registration District No. 5827 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY New Madrid County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Big Prairie, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Anniston, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) 15 Mi. W. of East Prairie, Mo.				Length of stay in hospital OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Claude Elmer O'Connor			First Middle Last			4. DATE OF DEATH January 16, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 13, 1916	
9. AGE (In years last birthday) 40		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Labor		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Mississippi County				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME Joe O'Connor				14. MOTHER'S MAIDEN NAME Ollie Roach			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes World War Two		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Ollie O'Connor Anniston, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Car accident, Crushed Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chest DUE TO (c)							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)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Run off Road					
20c. TIME OF INJURY 7:45 p. m. Jan 16, 57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) County Road					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Big Prairie, Miss. Missouri				STATE Missouri	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) L. H. Hedgkoth Coroner				22b. ADDRESS New Madrid, Mo.		22c. DATE SIGNED 1/23/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-18-57		23c. NAME OF CEMETERY OR CREMATORY Anniston Cemetery		23d. LOCATION (City, town, or county) (State) Anniston, Missouri	
24. FUNERAL DIRECTOR ADDRESS Travis Shelby East Prairie, Mo.			25. DATE RECD. BY LOCAL REG. 1/23/57		26. REGISTRAR'S SIGNATURE L. H. Hedgkoth		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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-56

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FEB

1957

DATE RECEIVED: JAN 28 1957
NEW MADRID CO. HEALTH CENTER

P. J. S.

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 Travis Shelby Jr.

Licensed Embalmer No. 404

P. O. Address East...

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.