

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 18 1957

22209
STATE FILE NUMBER
22220
6015 Registrar's No. 266

Registration District No. 295 Primary Registration District No. 6015 Registrar's No. 266

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Illinois</i> b. COUNTY <i>Kane</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Huntsville</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Aurora</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Pleasant View Home</i>			Length of stay in lb <i>2 Days</i>		d. STREET ADDRESS (If outside, give location) <i>1232 Superior</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <i>WILLIAM JAMES O'CONNOR</i>				4. DATE OF DEATH Month Day Year <i>June-12-1957</i>					
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Nov-20-1894</i>		9. AGE (In years last birthday) <i>62</i> IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>labor</i>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Aurora Ill.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Thomas O'Conner</i>				14. MOTHER'S MAIDEN NAME <i>Elizabeth Paine</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes War # 1</i>				16. SOCIAL SECURITY NO. <i>308-07-9771</i>		17. INFORMANT <i>Edward J. O'Conner</i> Address <i>413 Vermont Quincy Ill</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute Nephritis</i>								INTERVAL BETWEEN ONSET AND DEATH <i>Do not know</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								DUE TO (b) <i>-</i>	
								DUE TO (c) <i>-</i>	
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"/>	
20a. ACCIDENT <input 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.) <i>-</i>					590X	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			<i>-</i>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>Moberly Randolph Mo</i>		COUNTY		STATE	
21. I attended the deceased from <i>6-7-57</i> to <i>6-10-57</i> and last saw her alive on <i>6-10-57</i> Death occurred at <i>5 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>W. Smith M.D.</i> (Degree or title)				22b. ADDRESS <i>312 1/2 N Reed Moberly Mo</i>				22c. DATE SIGNED <i>6-14-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>June 14-1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>St Marys Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Moberly Missouri</i>			
24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly Mo</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <i>6-15-57</i>		26. REGISTRAR'S SIGNATURE <i>Mary H. Bennett</i>			

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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JUL 8 1957

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 *R. M. Carter*

Licensed Embalmer No. *41*

P. O. Address *Woburn*

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.