

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8458**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 73

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| 1. PLACE OF DEATH a. COUNTY Howell | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "R" Howell Twp. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Recreation Club. | | d. STREET ADDRESS (If rural, give location) West Plains, Mo., Route 2 | |

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|---|-------------------------------|---|--|--|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) HARRINGTON c. (Last) CONNOR | | | 4. DATE OF DEATH (Month) (Day) (Year) March 13, 1950 | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH July 5, 1871 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Dealer | | 10b. KIND OF BUSINESS OR INDUSTRY Own office | | 11. BIRTHPLACE (State or foreign country) Noblesville, Ind. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |

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|--|--|---------------------------------------|--|---|--|
| 13a. FATHER'S NAME John F. Connor | | 13b. MOTHER'S MAIDEN NAME. unk | | 14. NAME OF HUSBAND OR WIFE Katherine M. Hanny | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Katherine H. Connor, W. Plains, Mo. | |

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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | INTERVAL BETWEEN SET AND DEATH 4:20 |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:00 p. m.**, from the causes and on the date stated above.

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|---|--|---|--|---|--|
| 23a. SIGNATURE Robert A. Mitchell, M.D., Coroner (Degree or title) | | 23b. ADDRESS Howell Co. West Plains, Mo. | | 23c. DATE SIGNED 15-3-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE Mar. 16, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) West Plains, Mo. | |

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. 3-18-50 | | REGISTRAR'S SIGNATURE Beatrice Cook 379 | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Hal Thomburgh W. Plains, Mo. | |
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(Licensed Embalmer's Statement on Reverse Side)

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

461
3

MAR 22 1950

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

Selden L. Duncan

Licensed Embalmer No. 4465

P. O. Address Mt. View, Mo.

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.