

STANDARD CERTIFICATE OF DEATH

FILED APR 14 1950

State File No.

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 260 PRIMARY REG. DIST. NO. 4391 Registrar's No. 2

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

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Osage</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Osage</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Argyle</u> | c. LENGTH OF STAY (In this place) <u>4 yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Argyle Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Washington Hosp - Argyle Mo.</u> | | d. STREET ADDRESS (If rural, give location) <u>0670</u> | |

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|--|-------------|-----------|---|--|--|
| 3. NAME OF DECEASED (Type or Print) <u>Michael D Connor</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 4 1950</u> | | |
| a. (First) | b. (Middle) | c. (Last) | | | |

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|-----------------------|----------------------------------|--|--|---|---|--|
| 8. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 9. DATE OF BIRTH <u>Nov. 14, 1865</u> | 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u> | IF UNDER 24 HRS. Hours _____ Min. _____ |
|-----------------------|----------------------------------|--|--|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Maunders County Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u> |
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|--|---|---|
| 13a. FATHER'S NAME <u>John Connor</u> | 13b. MOTHER'S MAIDEN NAME <u>Elyseth Cowan</u> | 14. NAME OF HUSBAND OR WIFE <u>John Connor</u> |
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|---|-------------------------|---|------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Louis Grobner</u> | ADDRESS <u>Argyle 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | 12. INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> |
| | 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"/> |
|------------------------|----------------------------------|---|

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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) |
|--|--|---|

| | | |
|--|--|----------------------------|
| 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? |
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22. I hereby certify that I attended the deceased from March 17, 1950 to April 3, 1950, that I last saw the deceased alive on April 2, 1950; and that death occurred at 1 AM m., from the causes and on the date stated above.

| | | | |
|--|-------------------|---|------------------|
| 23a. SIGNATURE <u>W. H. Moore Sr.</u> | (Degree or title) | 23b. ADDRESS <u>Argyle Mo 4-4-50</u> | 23c. DATE SIGNED |
|--|-------------------|---|------------------|

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|--|-----------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>April 7, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORIUM <u>St. Mary's Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Argyle Mo</u> |
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|---|--|--|----------------------------|
| DATE REC'D BY LOCAL REG. <u>4-4-1950</u> | REGISTRAR'S SIGNATURE <u>Mrs. H. H. Moore</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>McClannahan</u> | ADDRESS <u>Osage Mo</u> |
|---|--|--|----------------------------|

RECEIVED
APR 10 1950
District Health Officer No. 9,
District File Number

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed McBirmingham

Licensed Embalmer No. 3664

P. O. Address Okma, 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.