

FILED JUN 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19342

| | | | | | | | |
|---|--|--|--|---|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>10</u> | | PRIMARY REG. DIST. NO. <u>3002</u> | | Registrar's No. <u>81</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>AUDRAIN</u> | | | |
| b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u> | | c. LENGTH OF STAY (in this place) <u>34 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u> | | <u>1043</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>120 E. Breckenridge</u> | | | | d. STREET ADDRESS (If rural, give location) <u>120 E. BRECKENRIDGE</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>THOMAS</u> | | b. (Middle) | | c. (Last) <u>CONNOR</u> | |
| 4. DATE OF DEATH | | (Month) <u>June</u> | | (Day) <u>8,</u> | | (Year) <u>1951</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>March 19, 1866</u> | |
| 9. AGE (In years last birthday) <u>85</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 21 YRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Foreman</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad Shops</u> | | 11. BIRTHPLACE (State or foreign country) <u>Shelby, Ohio</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | | | |
| 13a. FATHER'S NAME <u>Thomas Connor</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Antoinette Corrnor</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Antoinette Corrnor, Mexico, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| *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>R. Cerebral Thrombosis</u> | | | | | <u>8 hours</u> |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> | | | | | <u>2 years</u> |
| | | DUE TO (c) <u>Generalized Atherosclerosis</u> | | | | | <u>5 years</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>4221</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | | 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) <u>None</u> | | 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 <u>2/24</u> , 19 <u>51</u> , to <u>6/8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/8</u> , 19 <u>51</u> , and that death occurred at <u>3:15</u> p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Thos. L. Jwyer, M.D.</u> | | | | 23b. ADDRESS <u>Mexico, Mo.</u> | | 23c. DATE SIGNED <u>6/8/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>June 11, 51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Krakow</u> | | 24d. LOCATION (City, town, or county) (State) <u>Krakow, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>June 9-1951</u> | | REGISTRAR'S SIGNATURE <u>Blanche Neely</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earl S. Paul, Mexico, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

0043

JUN 27 1951

JUN 26 1951

Date Received: JUN 11 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-57-1080
Date Filed: JUN 14 1951

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 Embalmer No.

Signed Paul E. Pugh

Signed.....
Student Embalmer

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.