

FILED SEP 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29700

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson</u>	
c. LENGTH OF STAY (in this place) <u>12 years</u>		d. STREET ADDRESS (If rural, give location) <u>505 Hope St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Brownlow</u> c. (Last) <u>O'Connor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10 - 51</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 1-18-1866</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR: MONTHS _____ DAYS _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Surveyor</u>		10b. KIND OF BUSINESS/OR INDUSTRY <u>Tenn.</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Madison Fisk O'Connor</u>	13b. MOTHER'S MAIDEN NAME <u>F. Frazier</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Emma O'Connor</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (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 <u>J. H. O'Connor</u> ADDRESS <u>Jackson 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Attack.</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) <u>4343</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>Heart Attack</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>505 Hope Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson Cape Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 10 5:10 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. B. Drickler, Coroner</u>	23b. ADDRESS <u>3rd Pacific St Cape Girardeau</u>	23c. DATE SIGNED <u>Sept 10-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept 11-51</u>	REGISTRAR'S SIGNATURE <u>D. G. Schubert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Combs</u> ADDRESS <u>Funeral Home Jackson, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

SEP 17 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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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.....  
Student Embalmer

Signed *Thos. K. Allen*

Licensed Embalmer No. *40557*

P. O. Address *Jackson*

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.