

FILED JUN 30 1953

# STANDARD CERTIFICATE OF DEATH

State File No. **22187**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **233**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Marion</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>	
c. LENGTH OF STAY (In this place) <b>6/9/53</b>		d. STREET ADDRESS (If rural, give location) <b>621 1/2 Olive</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Arthur C.</b> b. (Middle) <b>Conner</b> c. (Last)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 18, 1953</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>October 5, 1877</b>		<b>9. AGE</b> (In years last birthday) <b>75</b> if under 1 year: Months <b>8</b> Days <b>13</b> if under 24 hrs. Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Shoe Cutter</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>I. S. Co.</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Hannibal Missouri</b>	
<b>13a. FATHER'S NAME</b> <b>John Conner</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Emma Martin</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U S A</b>

<b>14. NAME OF HUSBAND OR WIFE</b> <b>Addie A. Conner (deceased)</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>		<b>16. SOCIAL SECURITY NO.</b> <b>4 90 07 4261</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>R A Conner</b>					
<b>ADDRESS</b> <b>Hannibal Missouri</b>					

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary occlusion</b>				
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION.</b> <b>4201</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>		

**22. I hereby certify that I attended the deceased from June 14, 1953, to June 18, 1953, that I last saw the deceased alive on June 18, 1953, and that death occurred at 11:00 AM, from the causes and on the date stated above.**

<b>22a. SIGNATURE</b> <i>[Signature]</i>		<b>23b. ADDRESS</b> <b>Hannibal Mo</b>		<b>23c. DATE SIGNED</b> <b>June 19, 1953</b>	
<b>24a. BURIAL / CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>6/22/1953</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mount Olivet</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Hannibal Missouri</b>					

<b>DATE REC'D BY LOCAL REG.</b> <b>6/24/53</b>		<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>[Signature]</i>	
		<b>ADDRESS</b> <b>Hannibal Missouri</b>			

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

**RECEIVED** JUN 29 1953  
**MARION CO. HEALTH DEPT.**  
**DATE FILED** JUN 29 1953

**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 John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.