

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40019

State File No.

FILED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 4443 Registrar's No. 46

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| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsville</u> | |
| c. LENGTH OF STAY (in this place) <u>12 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>North Main Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Main Street</u> | | e. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Main Street</u> | |

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|---|-------------------------|----------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>James</u> | b. (Middle) <u>William</u> | c. (Last) <u>Conner</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>November 18, 1953</u> |
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|------------------------------|---|---|---|--|--|--|
| 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>June 14, 1891</u> | 9. AGE (In years last birthday) <u>62</u> | IF UNDER 1 YEAR Months _____ Days _____ | 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>book keeping</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u> | 11. BIRTHPLACE (State or foreign country) <u>Huntsville, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>J.W. Conner</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Buchanan</u> | 14. NAME OF HUSBAND OR WIFE <u>Ruth D. Conner</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>yes World War I</u> | 16. SOCIAL SECURITY NO. <u>488-05-2969</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Conner; Huntsville, Missouri</u> | ADDRESS <u>Huntsville, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u> <u>D.K.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> 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 <u>none</u> | 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) <u>Huntsville (Randolph) Missouri</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>4201</u> |
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22. I hereby certify that I attended the deceased from Nov 1, 1940, to Nov 18, 1953, that I last saw the deceased alive on Nov. 18, 1953, and that death occurred at 8:20 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>P. V. Dreyer M.D.</u> | (Degree or Title) <u>M.D.</u> | 23b. ADDRESS <u>Huntsville, Mo</u> | 23c. DATE SIGNED <u>11/20/53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>11-20-1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>11-20-53</u> | REGISTRAR'S SIGNATURE <u>Mary H. Gately</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Patton</u> | ADDRESS <u>Huntsville</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

80
1

720

DEC 22

DEC 22 1959

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address. Huntsville, Tenn

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.