

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

8079

State File No.

BIRTH NO. FILED APR 8 1954 REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>112 Frost St.</u>		d. STREET ADDRESS (If rural, give location) <u>112 Frost St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>James</u> c. (Last) <u>O'Connor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1954</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>NOV. 4 1894</u>		9. AGE (In years last birthday) <u>59</u> Months <u>4</u> Days <u>28</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	

13a. FATHER'S NAME <u>Daniel O'Connor</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby Maude 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>YES WWI</u>		16. SOCIAL SECURITY NO. <u>300-07-1341</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruby O'Connor</u>	
				ADDRESS <u>Plattsburg, MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		DUPLICATE OF (b) <u>Arterio-sclerotic Heart Dis</u>			<u>1-2 hours</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c)			<u>2-3 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		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 July, 1953, to April, 1954, that I last saw the deceased alive on April 2, 1954, and that death occurred at 5:45 PM., from the causes and on the date stated above.

23a. SIGNATURE <u>John P. Mabrey M.D.</u>		23b. ADDRESS <u>Plattsburg, MO</u>		23c. DATE SIGNED <u>April 3, 1954</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-5-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
				24d. LOCATION (City, town, or county) (State) <u>Plattsburg Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Apr. 3, 1954</u>		REGISTRAR'S SIGNATURE <u>Elizabeth Seearce</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. D. Lyon</u>	
				ADDRESS <u>Plattsburg, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

0250

0250

MAY 5 1954

APR 15 1954

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 _____

Danell R. Lyon

Signed.....
Student Embalmer

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.