

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12889**

FILED APR 26 1954

BIRTH NO. _____ REG. DIST. NO. 214 PRIMARY REG. DIST. NO. 3032 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sedalia)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaMonte Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Memorial		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Anna	b. (Middle) Elizabeth	c. (Last) Connor	4. DATE OF DEATH (Month) (Day) (Year) April 17 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 7-21-1869	9. AGE (In years last birthday) 84	10. UNDER 1 YEAR Months 8	11. UNDER 1 YEAR Days 26	12. UNDER 1 YEAR Hours 0	13. UNDER 1 YEAR Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher	10b. KIND OF BUSINESS OR INDUSTRY Public Schools	11. BIRTHPLACE (State or foreign country) LaMonte Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Connor	13b. MOTHER'S MAIDEN NAME Mary Shea	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME J.T. Buckley ADDRESS LaMonte Mo.
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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, asthma, 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) Seizure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fell in her home unable to walk after DUE TO (c)		Approx 10
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Multiple neuritis E9030 20	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION NO	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at her home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) LaMonte Mo Pettis Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-16 1954 m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Slipped & fell
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22. I hereby certify that I attended the deceased from 3/14, 1954, to 4/17, 1954, that I last saw the deceased alive on 3-16, 1954, and that death occurred at 3:56 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) SP Byers MD	23b. ADDRESS Sedalia Mo	23c. DATE SIGNED 4/20 5:3
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-20-54	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia Mo.
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DATE REC'D BY LOCAL REG. April 20, 1954	REGISTRAR'S SIGNATURE J. J. Campbell	25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Moore	ADDRESS LaMonte Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Paul M. Moore*

Licensed Embalmer No. *3923*

P. O. Address *P. O. Mount Airy*

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.