

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15218**
Registrar's No. **19**

FILED MAY 24 1954

BIRTH NO. _____ REG. DIST. NO. **61** PRIMARY REG. DIST. NO. **4107**

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Springs		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Linn, Twp.		d. STREET ADDRESS (If rural, give location) N. of Filley	
d. FULL NAME OF HOSPITAL OR INSTITUTION Anderson Nursing Home			

3. NAME OF DECEASED a. (First) FRANCIS b. (Middle) MATTHEW c. (Last) O'CONNOR			4. DATE OF DEATH May 9, 1954 (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH June 25, 1878	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (State or foreign country) Cedar County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA.					

13a. FATHER'S NAME John O'Connor	13b. MOTHER'S MAIDEN NAME Rachel M. Long	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Richard O'Connor - Kansas City, Mo. ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy.		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334 X		

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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?

22. I hereby certify that I attended the deceased from **May 19, 1954**, to **9 May, 1954**, that I last saw the deceased alive on **9 May, 1954**, and that death occurred at **11:25** m., from the causes and on the date stated above.

23a. SIGNATURE John Stiel, M.D. (Degree or title)	23b. ADDRESS El Dorado Springs, Mo.	23c. DATE SIGNED 5/12/54
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24a. BURIAL OR CREMATION REMOVAL (Specify) Burial	24b. DATE 5-12-1954	24c. NAME OF CEMETERY OR CREMATORY Omer Cemetery	24d. LOCATION (City, town, or county) (State) Cedar County, Mo.
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DATE REC'D BY LOCAL REG. MAY 17, 1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS St. Charles, Mo.
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No. 300
10.48
201
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 A. Cantlon
Licensed Embalmer No. 4387

P. O. Address Stockton, Md.

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.