

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2913			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF RESIDENCE (If on this place) 22 yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				e. STREET ADDRESS (If rural, give location) 67240 Prospect 3900					
3. NAME OF DECEASED (Type or Print) a. (First) Cameron			b. (Middle) A.		c. (Last) Connon		4. DATE OF DEATH (Month) (Day) (Year) 6 25 54		
5. SEX Male D		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 10-6-1909		9. AGE (In years last birthday) 44 6/11 If UNDER 1 YEAR: Months Days If UNDER 24 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook "Unk"			10b. KIND OF BUSINESS OR INDUSTRY "Unk"			11. BIRTHPLACE (City and State or Foreign Country) K.C. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Peter Connon			13b. MOTHER'S MAIDEN NAME Sabola "Unk"			14. NAME OF HUSBAND OR WIFE Roxie Connon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO. 416-01-855A		17. INFORMANT'S SIGNATURE OR NAME Record Clerk: K.C. Mo.				ADDRESS	
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) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 June 24, 1954 to June 25, 1954, that I last saw the deceased alive on June 25, 1954, and that death occurred at 9:30A M., from the causes and on the date stated above.									
23a. SIGNATURE B. I. Burns, M.D. MD				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 6-25-54			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-29-54		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City Mo.			
DATE REC'D BY LOCAL REG. 6-28-54		REGISTRAR'S SIGNATURE Heraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE B.E. Wilcut: K.C. Mo.				ADDRESS	

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

B. E. Weiler

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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.....
Signature of Student Embalmer

Signed..... *B. E. Weiler*

Licensed Embalmer No. *40*

P. O. Address..... *K.C. 8,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.