

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26107

26107

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6275		Registrar's No. 30	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Smith Township</u>		c. LENGTH OF STAY (in this place) <u>1 life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>6275 Rural - Smith Township</u>		d. STREET ADDRESS (If rural, give location) <u>Allendale Mo. 1130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Allendale Mo. 1130</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Nelson</u> c. (Last) <u>Conn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-18-1954</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>10-30-1934</u>	
9. AGE (in years last birthday) <u>19</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>18</u>		IF UNDER 1 YEAR Hours _____ Mins. _____		IF UNDER 1 MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Allendale Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Alison Conn</u>			13b. MOTHER'S MAIDEN NAME <u>Pluma Barnes</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Sowards Conn</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-36-4033</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edna Conn Allendale Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymph Sarcoma</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. 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.							
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. HOW DID INJURY OCCUR? _____	
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 <u>May 1</u> , 19 <u>54</u> , to <u>7-18</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-18</u> , 19 <u>54</u> , and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles N Williamson 2nd</u>				23b. ADDRESS <u>Geutzy Mo</u>		23c. DATE SIGNED <u>7-18-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-20-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hirk Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Allendale Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 4 1954</u>		REGISTRAR'S SIGNATURE <u>Helen E. Dawson</u> 345		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Jumper</u>		ADDRESS <u>Mt. Air, Iowa</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1130
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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.....

Arch C. Dummer

Licensed Embalmer No.

3252

P. O. Address.....

mt ayo, Iowa

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.