

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34760

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>260</u>		PRIMARY REG. DIST. NO. <u>4391</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Osage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Argyle, Mo.</u>)		c. LENGTH OF <u>9 Yrs.</u> (Specify place township)		c. CITY OR TOWN <u>Argyle,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>Missouri 0760</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u>			b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Connor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 25, 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 7, 1875</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR <u>28</u> Months	IF UNDER 24 HRS. <u>28</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marion County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Krone</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Marsh</u>		14. NAME OF HUSBAND OR WIFE <u>Mike Connor</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Joe Renkemeyer, Argyle, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Carcinoma of common bile duct.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 Min.</u> <u>3 yrs.</u>	
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) _____		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>10/4/1954</u> , to <u>10/25/1954</u> , that I last saw the deceased alive on <u>10/25/1954</u> , and that death occurred at <u>4:55 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Moore D.O.</u>			23b. ADDRESS <u>Argyle, Mo.</u>			23c. DATE SIGNED <u>10/26/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 27, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Aloysius</u>		24d. LOCATION (City, town, or county) (State) <u>Argyle, Mo.</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>10/26/1954 Mrs. H. H. Moore</u>		238-0		EMBALMER'S SIGNATURE <u>Thos Birmingham</u>		ADDRESS <u>Vienna, Mo.</u>	

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.....
Signature of Student Embalmer

Signed.....
J. O. B. Birmingham

Licensed Embalmer No..... 36

P. O. Address.....
Birmingham

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.