

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Braymer</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Braymer</u> <u>0130</u>	
c. LENGTH OF STAY (In this place) <u>45 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>city limits</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Braymer city limits</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>C.</u> c. (Last) <u>CONNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1/19/1955</u>		
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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>9/6/1896</u>		9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Co-op employee</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gas &amp; Oil</u>			11. BIRTHPLACE (State or foreign country) <u>Caldwell Co., Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Tom Conner</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Craig</u>			14. NAME OF HUSBAND OR WIFE <u>Margaret E. Conner</u>		
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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) <u>Yes. W. W. I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Margaret Conner, Braymer, Mo.</u>			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma of Right Lung with metastases to the mediastinum</u>			
	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. <u>162X</u>				

19a. DATE OF OPERATION <u>Feb 9, 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable Bronchogenic Carcinoma of Right Lung</u>			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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from Nov. 30, 1954 to Jan 19, 1955, that I last saw the deceased alive on Jan 19, 1955, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. E. Goldberg M.D.</u>		23b. ADDRESS <u>Braymer, Mo.</u>		23c. DATE SIGNED <u>1/21/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/21/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Braymer, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>1-27-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Catherine Guggisberg</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Geneb. Michael, Braymer, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 4 1955

FEB 1 1955

FEB 1 1955

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 \_\_\_\_\_

*Leib, Michael*

Licensed Embalmer No. 4340

P. O. Address Braymer, Mo.

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.