

No. 300
10.48

FILED APR 6 1955

STANDARD CERTIFICATE OF DEATH

State File No. 7157

00430

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

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 6.9

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico Mo</u>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Florence Mo</u>		0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Theodore</u> b. (Middle) <u>P.</u> c. (Last) <u>Conner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-27-55</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-14-1911</u>
9. AGE (In years last birthday) <u>43</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>High Hill Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clay Mine</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Louis Conner</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Colier</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Conner</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>497-07-7592</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Conner New Florence Mo</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of bladder</u> ANTECEDENT CAUSES <u>with hemorrhage & metastases</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>to bones</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>181x</u>	
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 <u>3-21, 1955</u> to <u>3-27, 1955</u> that I last saw the deceased alive on <u>3-27, 1955</u> and that death occurred at <u>5:06 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. Kellert</u>		23b. ADDRESS <u>Mexico Mo</u>	
23c. DATE SIGNED <u>March 29, 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-30-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near High Hill Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 29-1955</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hapkins</u>		ADDRESS <u>Montgomery City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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, C. W. Hopkins on the day of March 1955,
Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed C. W. Hopkins
C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.