

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

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41369

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. ~~3043~~ Registrar's No. 371

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Hannibal Miller Township</u>		c. CITY OR TOWN <u>Overland Park</u> d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY, (in this place)		STREET ADDRESS (If rural, give location) <u>7387 Dearborn Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. 61 8m/n Hannibal</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>B.</u> c. (Last) <u>Conlon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12/1/55</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>2/29/1924</u>		9. AGE (In years last birthday) <u>31</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>B.F. Goodrich</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Derby, Conn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Stephen C. Conlon</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Sweeney</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Conlon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kevin Kelley, 217 Division Ave.,</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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck and internal injury</u>		MEDICAL CERTIFICATION <u>Shelton, Conn.</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity 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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mo. 9.</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Miller Tnshp</u> (COUNTY) <u>Marion</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-1-55 2:50P.</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.M. O'Donnell</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Hannibal, Missouri</u>		23c. DATE SIGNED <u>12-12-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/3/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. St. Peters</u>		24d. LOCATION (City, town, or county) (State) <u>Derby, Conn.</u>	
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DATE REC'D BY LOCAL REG. <u>12-12-55</u>		REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.M. O'Donnell</u>		ADDRESS <u>Hannibal, Mo.</u>	
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DEC 15 1955
RECEIVED
MARION CO. HEALTH DEPT
DATE FILED DEC 15 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:.....
Signature of Student Embalmer

Signed..... *N. M. O'Donnell*

Licensed Embalmer No....388

P. O. Address Hannibal,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.