No. 300
0.48

FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19948

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: CLINTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAMERON
c. LENGTH OF STAY (in this place): 21 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CAMERON, HOSPT.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CLINTON.
c. CITY OR TOWN: CAMERON
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 5 or 0
e. STREET ADDRESS (If rural, give location): 620 E. 5th STREET.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): James
c. (Last): CONNORS

4. DATE OF DEATH (Month) (Day) (Year): JUNE. 28 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify): Married
8. DATE OF BIRTH: April 21 1882
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State, or Foreign Country): New York State
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Mathew Connors
13b. MOTHER'S MAIDEN NAME: Isabelle White
14. NAME OF HUSBAND OR WIFE: Ida Irene Connors

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 497-32-3413
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ida Irene Connors — ADDRESS: Cameron, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma prostate with metastasis lungs & bones — INTERVAL BETWEEN ONSET AND DEATH: 3 years

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: 177X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-1, 1955, *to* 6-26, 1956, *that I last saw the deceased alive on* 6-25, 1956, *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. J. Hatherton MD
23b. ADDRESS: Cameron Mo
23c. DATE SIGNED: 6-29-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-1-1956
24c. NAME OF CEMETERY OR CREMATORY: Graceland Cemetery
24d. LOCATION (City, town, or county) (State): Cameron Mo.

DATE REC'D BY LOCAL REG.: 7-2-56
REGISTRAR'S SIGNATURE: Winifred W. Moser
25. FUNERAL DIRECTOR'S SIGNATURE: DeMoss Crunk — ADDRESS: Cameron Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

10-0

JUN 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 253

P. O. Address Cameron

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