

FILED JUN 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH'57 021891
State File No. 40

BIRTH NO.		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 5787		Registrar's No. 40	
1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi			
b. CITY (If outside corporate limits, write RURAL and give town or township) Charleston (rural)		c. LENGTH OF STAY (in this place) 23 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Charleston (rural)		d. STREET ADDRESS (If rural, give location) Route 1	
3. NAME OF DECEASED (Type or Print) Giles				a. (First) b. (Middle) c. (Last) Conner		4. DATE OF DEATH (Month) (Day) (Year) June 10, 1957	
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1879	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Wolf Island, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Baltimore Conner		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Ada Conner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ada Conner, R.L., Charleston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 days 2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332.X				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 May 31, 1957, to June 5, 1957, that I last saw the deceased alive on June 5, 1957, and that death occurred at 9:10 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS Charleston, Mo.		23c. DATE SIGNED 6/11/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 13, 1957		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Missouri	
DATE REC'D BY LOCAL REG. 6-13-57		REGISTRAR'S SIGNATURE Dorothy B. Hathorn		25. FUNERAL DIRECTOR'S SIGNATURE L.R. Sparks		ADDRESS Charleston, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

528
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RECEIVED
Miss. Co. Health Dep
County File No. _____
Date Filed 6-19-57

JUN 20 1957

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

Edward W. Ruffin

Licensed Embalmer No. 5022

2501 Poplar St.

P. O. Address Cairo, Ill.

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.