

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 2 2 2 3 9

State File No.

FILED JUN 17 1957

BIRTH NO. _____		REG. DIST. NO. <u>310</u>	PRIMARY REG. DIST. NO. <u>3058</u>	Registrar's No. <u>153</u>
1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles</u>		c. LENGTH OF STAY (In this place) <u>1 yr</u>	c. CITY OR TOWN <u>St Charles</u> <u>0923</u> <u>0</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Colonial Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>404 Mc Donough St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emlue</u> b. (Middle) _____ c. (Last) <u>Conner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 6 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 4 1874</u>	9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jersey County Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Austin Slover</u>		13b. MOTHER'S MAIDEN NAME <u>McAdams</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Conner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Conner St Charles 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Diabetes mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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) <u>260X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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>June 16, 1948</u> , to <u>June 6, 1957</u> , that I last saw the deceased alive on <u>June 3, 1957</u> , and that death occurred at <u>6:15 a. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Alfred Lawrence M.D.</u>		23b. ADDRESS <u>114 N. Main St. Charles, Mo.</u>	23c. DATE SIGNED <u>6-7-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 8 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Charles Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUNE 8-57</u>	REGISTRAR'S SIGNATURE <u>Hazel Lawrence Dep.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur C. Bane St Charles Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Arthur C. Bane*

Licensed Embalmer No. *315*.....

P. O. Address..... *H. Church*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.