

FILED MAR 18 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010423

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 56

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572
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|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY JASPER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY | | c. CITY OR TOWN WEBB CITY | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JANE CHINN | | d. STREET ADDRESS (If outside, give location) 9 1/2 S. MAIN | |
| 3. NAME OF DECEASED (Type or print) First CLAY Middle Last CONNOR | | 4. DATE OF DEATH Month MARCH Day 9 Year 1958 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH JUNE 23 1876 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CARPENTER | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 81 |
| 11. BIRTHPLACE (City and state or country) DAVIS COUNTY, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME HARRY CONNOR | | 13b. MOTHER'S MAIDEN NAME LOUELLA LYNN | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT MRS ELLA MOYSES, WEBB CITY, MISSOURI | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Pneumonia DUE TO (c) Recumbency from injuries | | | INTERVAL BETWEEN ONSET AND DEATH 5 min. 2 days |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Concussion and head lacerations suffered in fall. | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell down 24 steps at home. | |
| 20c. TIME OF INJURY 5:20 p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home | | 20f. CITY, TOWN, OR LOCATION Webb City, Jasper, Missouri | |
| 21. I attended the deceased from 3-5-58 to 3-9-58 and last saw him alive on 3-9-58 Death occurred at 10:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED 3-12-58 | |
| 22a. SIGNATURE C. F. Gregory D.O. | | 22b. ADDRESS 624 W. Broadway, Webb City, Mo. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 3-12-1958 | 23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETARY | 23d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI |
| 24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME, WEBB CITY MO. | | 25. DATE RECD. BY LOCAL REG. 3-12-58 | 26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

County File Number 57-3-249
Date Filed MAR 17 1958

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 Richard H. Lee

Licensed Embalmer No. 4405
P. O. Address W. B. City

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.