

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033494

STATE FILE NUMBER

FILED SEP 26 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 299

S. 300
v. 1-57

0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering		Length of stay in 1b 6 hours	d. STREET ADDRESS (If outside, give location) 1827 Gordon		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ARNOLD ORRIS CONNER			4. DATE OF DEATH Month Day Year September 12, 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH November 24, 1911		9. AGE (In years last birthday) 46
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hannibal Missouri 0		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Arnold M. Conner		13b. MOTHER'S MAIDEN NAME Eva Mae Dunkin		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) Yes WWII		16. SOCIAL SECURITY NO. 348 05 7711	17. INFORMANT Address Mrs. A. M. Conner, Hannibal 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) <i>Bronchopneumonia</i> DUE TO (b) <i>Malnutrition</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Interstitial Carcinoma</i>					INTERVAL BETWEEN ONSET AND DEATH 48 hours
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 9-12-58 to 9-12-58 and last saw her alive on 9-12-58 Death occurred at 6:53 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. L. Green</i> (Degree or title) 0		22b. ADDRESS M.D. 100 N. Sixth, Hannibal, Mo.		22c. DATE SIGNED 9-15-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/15/58	23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park		23d. LOCATION (City, town, or county) (State) Hannibal Missouri
24. FUNERAL DIRECTOR P. Crawford Smith Hannibal Missouri		25. DATE RECD. BY LOCAL REG. 9-16-58		26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke By W. T. Fisher</i>	

RECEIVED SEP 24 1958

MARION CO. HEALTH DEPT.

DATE FILED SEP 24 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 *H. Crawford Smith*

Licensed Embalmer No. ~~XXXX~~ 7814

P. O. Address Hannibal Missouri

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.