. Health,
& Welfare
. Public
h Service

S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58–039371
STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 93 Primary Registration District No. Registrar's No. 58-75

1. PLACE OF DEATH
a. COUNTY Dade
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) North twp. Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 8mi. N. Greenfield Length of stay in 1b 2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dade
c. CITY OR TOWN Greenfield Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 0270 Star Route Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Rollo Middle Bular Last O'Connor
4. DATE OF DEATH Month Nov. Day 19 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept. 13, 1900
9. AGE (In years on last birthday) 58 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) Custodian
10b. KIND OF BUSINESS OR INDUSTRY Arcola School
11. BIRTHPLACE (City and state or country) Dade County, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME William T. O'Connor
13b. MOTHER'S MAIDEN NAME Eliza Anne Sellars
14. NAME OF HUSBAND OR WIFE Willa O'Connor
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 493-14-2743
17. INFORMANT Mrs. Willa O'Connor, Address Star Route Greenfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer (primary focus splenic flexture of the Colon)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1531
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 1956, to 11-19-1958 and last saw ~~him~~ him alive on Nov. 19, 1958
Death occurred at 6:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE W O Cowan (Degree or title) M. D.
22b. ADDRESS Greenfield, Mo.
22c. DATE SIGNED 11/20/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 21, 1958
23c. NAME OF CEMETERY ~~OR CREMATORY~~ Omer Cemetery
23d. LOCATION (City, town, or county) Cedar County (State) Mo.
24. FUNERAL DIRECTOR J. C. Canada ADDRESS Greenfield Mo.
25. DATE RECD. BY LOCAL REG. Nov. 20, 1958
26. REGISTRAR'S SIGNATURE J. C. Canada
(Licensed Embalmer's Statement on Reverse Side)

W. O. Cowan, M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

. All diseases in Part I must be causally related.

VS DEC 2 2 1959

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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, Ma

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.