

HEALTH, WELFARE AND PUBLIC SERVICE
 STANDARD CERTIFICATE OF DEATH

58-011148
 STATE FILE NUMBER

FILED APR 8 1958

Registration District No. 294 Primary Registration District No. 3057 Registrar's No. 29

| | | | | | |
|---|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Ray | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Richmond | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 423 East Royle | | Length of stay in 1b 59 years | d. STREET ADDRESS (If outside, give location) 423 East Royle | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Jerusa Freelove Conner | | | 4. DATE OF DEATH Month Day Year March 27, 1958 | | |
| 5. SEX Female | 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 10, 1873 | 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 9 17 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Housekeeping | 11. BIRTHPLACE (City and state or country) Knexville, Tennessee | | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
| 13a. FATHER'S NAME Joseph Phillips | | 13b. MOTHER'S MAIDEN NAME Mary Mount | | 14. NAME OF HUSBAND OR WIFE W.A. Conner | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Rolley Conner, Richmond, 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) Coronary Occlusion | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 hours |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | 4201 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input 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.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 6-21-58 to 3-27-58 and last saw her alive on 3-25-58 Death occurred at 5:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Therese B. Conner M.D. | | | 22b. ADDRESS Richmond Missouri | | 22c. DATE SIGNED 3/29/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE March 30, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Sunny Slope | | 23d. LOCATION (City, town, or county) (State) Richmond, Missouri |
| 24. FUNERAL DIRECTOR Westville Funeral Home | | ADDRESS Richmond, Missouri | | 25. DATE RECD. BY LOCAL REG. 4-2-1958 | 26. REGISTRAR'S SIGNATURE Mabel Jackson |

(Licensee Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare and Public Service
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 -57
 Doctor, coroner, etc. must use only standard nomenclature in train to: no symptoms, signs or conditions related.
 All diseases in Part I must be causally related.

