

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21498

State File No.

FILED JUL 9 1952

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5958 Registrar's No. 65

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

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL CARROLL TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) PLATTE CITY, MO. RURAL CARROLL TOWNSHIP	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) SIX MILES EAST PLATTE CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME			

3. NAME OF DECEASED (Type or Print)	a. (First) LEE	b. (Middle) DAVIS	c. (Last) CONN	4. DATE OF DEATH (Month) (Day) (Year) JUNE 28, 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 30, 1877	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING	11. BIRTHPLACE (State or foreign country) CLAY COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM H. CONN	13b. MOTHER'S MAIDEN NAME MATTIE SMITH	14. NAME OF HUSBAND OR WIFE ELIZABETH BOSSENBERGER CONN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. ELIZABETH CONN ADDRESS R.F.D. #100, PLATTE, MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular thrombosis		10 years*
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis, general DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Audricular fibrillation due to Arteriosclerotic heart disease		4 years	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? 332x YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov. 6, 1951, to June 28, 1952, that I last saw the deceased alive on June 28, 1952, and that death occurred at 6:00a m., from the causes and on the date stated above.

23a. SIGNATURE <i>Alvin Rallins</i> (Degree or title) MD.	23b. ADDRESS Smithville, Missouri	23c. DATE SIGNED 6-28-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-29-52	24c. NAME OF CEMETERY OR CREMATORY PLATTE CITY CEMETERY	24d. LOCATION (City, town, or county) (State) PLATTE CITY, MO.
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DATE REC'D BY LOCAL REG. 6-28-52	REGISTRAR'S SIGNATURE <i>Alvin Rallins</i>	25. FUNERAL DIRECTOR'S SIGNATURE McCOMAS FUNERAL HOME ADDRESS SMITHVILLE, MO
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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
Student Embalmer

Signed Donald W. Hanko

Licensed Embalmer No. 4528

P. O. Address Smithville, 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 this body is not embalmed, fact should be so stated above.