

FILED DEC 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39795
STATE FILE NUMBER

Registration District No. 101

Primary Registration District No. 54024

Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Findley</u> OR TOWN Inside Limits Yes ☐ No ☒				c. CITY OR TOWN <u>Cuba R.1</u> Inside Limits Yes ☐ No ☒			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in lb				d. STREET ADDRESS (If outside, give location) <u>03</u> Reside on Farm Yes ☐ No ☐			
3. NAME OF DECEASED (Type or print) First <u>Eugene</u> Middle <u>Otto</u> Last <u>Conner</u>				4. DATE OF DEATH Month <u>11</u> Day <u>20</u> Year <u>1957</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH <u>12-24-1894</u>	
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Seymour Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Thomas Conner</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>Wick Inez Conner - Deceased</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>48-24-2298</u>		17. INFORMANT <u>William Conner, E. Peoria, Ill.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic Coronary Heart Disease</u> DUE TO (c) <u>Chronic Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Hypertension</u> 19. WAS AUTOPSY PERFORMED? <u>0</u> YES ☐ NO ☐						INTERVAL BETWEEN ONSET AND DEATH <u>mat</u> <u>15 yrs</u>	
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 <u>11:00</u> a.m. <u>11:00</u> p.m. Month, Day, Year				20d. INJURY OCCURRED WHILE AT ☐ 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 <u>Cuba Mo</u> COUNTY <u>Mo</u> STATE <u>Mo</u>			
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>M. C. Gentry</u>				22b. ADDRESS <u>M. D. 0</u>		22c. DATE SIGNED <u>11-23-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-24-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Day Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Seymour R.1 Mo.</u>	
24. FUNERAL DIRECTOR <u>Chickeringhead Funeral Home</u> ADDRESS <u>Cuba, Mo.</u>				25. DATE REC'D. BY LOCAL REG. <u>12-7-57</u>		26. REGISTRAR'S SIGNATURE <u>Ustet Bushman</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Charles R. Fisk

Licensed Embalmer No. *4662*

P. O. Address *Avon, Mo.*

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.