

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008799
STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 165

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Columbia</u> <u>6105</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>300 Lynn</u>		Length of stay in lb <u>35 yr.</u>		d. STREET ADDRESS (If outside, give location) <u>300 Lynn</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>MINOR L. CONNOR</u>				4. DATE OF DEATH Month Day Year <u>April 7-1958</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>negr</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 10-1881</u>		
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired custodian</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>armstrong, mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>absolour Connor</u>			13b. MOTHER'S MAIDEN NAME <u>Harriet Cleaton</u>			14. NAME OF HUSBAND OR WIFE <u>Luzie Connor</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>495-36-2407</u>		17. INFORMANT Address <u>Carl Connor Kansas City, Mo</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>						INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Coronary Atherosclerosis</u>				years		
		DUE TO (c) <u>Generalized Arteric Sclerosis</u>				year		
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.) <u>4201</u>					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			2					
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 <u>Nov 56</u> to <u>7 April 58</u> and last saw <u>him</u> alive on <u>6 April 58</u> Death occurred at <u>7:05 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>John League MD</u> (Degree or title)				22b. ADDRESS <u>609 University Columbia Mo</u>		22c. DATE SIGNED <u>April 7, 1958</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial April 9, 1958</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		23d. LOCATION (City, town, or county) (State) <u>Columbia Mo.</u>		
24. FUNERAL DIRECTOR <u>Mrs Stewart Parker, Columbia Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>April 8, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R. E. Palmer</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Health, Welfare, Public Service
100
-57
1
31
0
All diseases in Part I must be causally related.

JUN 4 1958

APR 23 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 *Ernest Green*
Licensed Embalmer No. *4220*
P. O. Address *Marshall, 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.