

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010988  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		c. CITY OR TOWN <u>Summersville</u>	
c. LENGTH OF STAY (In this place) <u>11 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps Co. Memorial Hosp.</u>		STREET ADDRESS (If rural, give location) <u>none</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>CORA</u>	b. (Middle) <u>NICKLES</u>	c. (Last) <u>CONNER</u>	<u>March 10, 1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-2-1900-1899</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shannon County, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Nickles</u>		13b. MOTHER'S MAIDEN NAME <u>Linda Enke</u>		14. NAME OF HUSBAND OR WIFE <u>Richard Conner</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Richard Conner</u>	
				ADDRESS <u>Summersville, Mo.</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis Heart</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>15 years</u>  <u>2 weeks</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>diabetes &amp; hypertension</u>		
	DUE TO (c) <u>an aneurysm of the aorta</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4200</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 2-28, 1958, to 3-10, 1958, that I last saw the deceased alive on 3-10, 1958, and that death occurred at 5:45P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>Dr. J. D. [Signature]</u>		23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>2-11-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-10-1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Culpeper Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Eminance, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Mar. 12, 1958</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home</u>		ADDRESS <u>Mt. View, Mo.</u>	
--	--	---	--	--	--	---------------------------------	--

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

RECEIVED

Phelps County Health Officer,

County File Number 991

Date Filed 9-18-58

---

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 ..... me ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Carl J. Gona* .....  
Carl J. Gona

Licensed Embalmer No. 4707.....

P. O. Address... Rolla, 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.