

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047050

STATE FILE NUMBER

FILED JAN 5 1959

Registration District No. 374

Primary Registration District No. 6275

Registrar's No. 45

300
-57
113

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| 1. PLACE OF DEATH a. COUNTY Worth | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR Smith Township 6275 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Smith Township 1130 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in lb 2 years | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Minnie Middle Maria Last Conn | 4. DATE OF DEATH Month December Day 18 Year 1958 |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH February 6, 1872 | 9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housekeeper | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and state or country) Worth County, Missouri | 12. CITIZEN OF WHAT COUNTRY? U. S. |
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| 13a. FATHER'S NAME Alson Ellsworth Conn | 13b. MOTHER'S MAIDEN NAME Lydia Maria Kidney | 14. NAME OF HUSBAND OR WIFE Never Married |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Mr. Ed. Glenn Grant City, Missouri |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ME DULLARY FAILURE | | INTERVAL BETWEEN ONSET AND DEATH NONE 1 YEAR 10+ YEARS |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) CEREBRAL ISCHEMIA | |
| | DUE TO (c) ARTERIO SCLEROSIS | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour 9:00 a.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <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 Grant City, Missouri |
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| 21. I attended the deceased from 1953 to DEC 17, 1958 and last saw her alive on DEC 17, 1958 Death occurred at 9:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | 22a. SIGNATURE (Degree or title) Richard J. Smith D.O. | 22b. ADDRESS Grant City, Mo. | 22c. DATE SIGNED 12-20-58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Ded. 20, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Kirk Cemetery | 23d. LOCATION (City, town, or county) (State) Worth County, Missouri |
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| 24. FUNERAL DIRECTOR Bill Dunfee | ADDRESS Grant City, Mo. | 25. DATE RECD. BY LOCAL REG. Dec 24 - 1958 | 26. REGISTRAR'S SIGNATURE Kate E. Dawson |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Bill Dunfee*

Licensed Embalmer No. *4908*

P. O. Address *Grant City*

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.