

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020283

STATE FILE NUMBER

Registrar's No. 183

FILED JUN 22 1959

Registration District No. 1

Primary Registration District No.

Dept. Health,
c. & Welfare
S. Public
alth Service

V. S. 300
Rev. 1-57

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securing the medical certification in the specific manner required by 193.140 MoRS 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. ED BEST MANN, DO USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville Rt 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Kirksville Hi 63 N.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home of Vernon Evans		Length of stay in lb 00/0	d. STREET ADDRESS (If outside, give location) Benton Twp
3. NAME OF DECEASED (Type or print) First Middle Last Robert Russell Conner			4. DATE OF DEATH Month Day Year June 16, 1959
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 8, 1917
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Buyer & Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (In years last birthday) 42
11. BIRTHPLACE (City and state or country) Adair County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Russell Conner		13b. MOTHER'S MAIDEN NAME Hattie Stites	14. NAME OF HUSBAND OR WIFE X
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 493-28-6386	17. INFORMANT Mrs. Vernon Evans, Kirksville, Mo.
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>Circulatory Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>52 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Mitral Stenosis causing Right Heart Failure</u>			<u>6 1/2 months</u>
DUE TO (c) <u>Bacterial Endocarditis</u>			<u>64 months</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>410X</u>			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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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 COUNTY STATE
21. I attended the deceased from <u>2-19-53</u> to <u>6/16/59</u> and last saw him alive on <u>6/16/59</u> Death occurred at <u>1:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ed Bestmann D.O.</u>		22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 6-17-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/18/59	23c. NAME OF CEMETERY OR CREMATORY Ft. Madison Cemetery	23d. LOCATION (City, town, or county) (State) Adair County, Mo
24. FUNERAL DIRECTOR <u>Ed Bestmann</u>		ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 6-18-1959
		26. REGISTRAR'S SIGNATURE <u>Doris W. Patten</u>	

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 *Richard R. Ellis*

Licensed Embalmer No. *5036*

P. O. Address *Kirkcubbin, 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.