

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 25 1959

59-032274

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4432

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1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 6 days	c. CITY OR TOWN Carrollton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 407 S. Main St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Donald Middle Conner Last Conner	4. DATE OF DEATH Month Sept. Day 10, Year 1959
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 16, 1936	9. AGE (last birthday) 23	IF UNDER 1 YEAR Months 23 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Months 0 Days 0 Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shovel Operator	10b. KIND OF BUSINESS OR INDUSTRY Rock Quarry	11. BIRTHPLACE (City and state or country) Carrollton, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Virgil Conner	13b. MOTHER'S MAIDEN NAME Eleata Little	14. NAME OF HUSBAND OR WIFE Paula Sue Conner
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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) Yes 1954-1956	16. SOCIAL SECURITY NO. 495-38-7299	17. INFORMANT Paula Sue Conner, Carrollton, Mo.
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pulmonary & Cerebral Edema	DUE TO (b) Induced Electrical Burns	8 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	6 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Came in contact with wire from high tension line
20c. TIME OF INJURY Hour 6:30 Month, Day, Year 9/4/59		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Carrollton	COUNTY Carrollton	STATE Missouri
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21. I attended the deceased from **9/4/59** to **9/10/59** and last saw ^{him} him alive on **9/10/59**
Death occurred at **6:30** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph A. Fogarty	22b. ADDRESS 402 Withman Rd. P.O. Box	22c. DATE SIGNED 9/12/59
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23a. BURIAL (Cremation), REMOVAL, SPECIATION Removal	23b. DATE 9-10-59	23c. NAME OF CEMETERY OR CREMATORY Carrollton	23d. LOCATION (City, town, or county) Carrollton, Missouri
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24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 9-12-59	26. REGISTRAR'S SIGNATURE neva mindall
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. 1-3474
620 Bunniford

CONFIDENTIAL

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas D. Harker

Licensed Embalmer No. 4995

P. O. Address A.C., Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.