MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-022941 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 10024 Registrar's No. 2837

FILED JUN 21 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS City — Length of stay in 1b: 34 YEARS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Joseph's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5600 MAIN — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Sister — Middle: MARY — Last: GONZAGA CONNERS

4. DATE OF DEATH: Month: MAY Day: 26 Year: 1962

5. SEX: Female
6. COLOR OR RACE: CAUC.
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-13-1887
9. AGE (last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sister of St. Joseph
10b. KIND OF BUSINESS OR INDUSTRY: Religion
11. BIRTHPLACE (City and state or country): PERKIN, ILL.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JAMES CONNERS
13b. MOTHER'S MAIDEN NAME: Catherine Hurley
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Sister MARY Daniel — Address: 5600 MAIN

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypertensive cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 6 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Uremia. Diabetes Mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1-7-56, to 4-26-62 and last saw her/him alive on 4-26-62
Death occurred at 3:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) MD
22b. ADDRESS: 1222 McGee, Kansas, Missouri
22c. DATE SIGNED: 5-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 5-29-1962
23c. NAME OF CEMETERY OR CREMATORY: St. MARY'S
23d. LOCATION (City, town, or county): KANSAS City (State): Mo.

24. FUNERAL DIRECTOR: Muehlebach — ADDRESS: 6800 TROOST
25. DATE RECD. BY LOCAL REG.: 5-28-62
26. REGISTRAR'S SIGNATURE: Ruth A Long

(Licensed Embalmer's Statement on Reverse Side)

Dr D. J Cutcliff
Nigro's Chapel 1222 McGee
HA 1-2388
1-5PM

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 Alfred H. Hammons, Student Embalmer No. 646 working under my personal supervision.

Student Alfred H. Hammons Signed R. E. Nichols
Signature of Student Embalmer

Licensed Embalmer No. Y997

P. O. Address N. C. 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.