

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-023725**  
STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 91

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0515  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. <b>FILED JUL 2 1962</b> a. COUNTY <b>Johnson</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrensburg</b>		Length of stay in 1b <b>3 months</b>	c. CITY OR TOWN <b>Warrensburg</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Warrensburg Medical Center, Inc.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>RFD #1</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. <b>NAME OF DECEASED</b> (Type or print) First <b>John</b> Middle <b>Lemuel</b> Last <b>Conner</b>			4. <b>DATE OF DEATH</b> Month <b>June</b> Day <b>24</b> Year <b>1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/15/86</b>
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. <b>KIND OF BUSINESS OR INDUSTRY</b> <b>General farming</b>	9. AGE (last birthday) <b>76</b>
11a. <b>FATHER'S NAME</b> <b>John Conner</b>		11b. <b>MOTHER'S MAIDEN NAME</b> <b>Susan Carver</b>	11. <b>BIRTHPLACE</b> (City and state or country) <b>Gravois Mills, Mo.</b>
12a. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. <b>SOCIAL SECURITY NO.</b>	12. <b>CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>
13. <b>CAUSE OF DEATH</b> (Enter only one cause per line) PART I. <b>DEATH WAS CAUSED BY:</b>		14. <b>NAME OF HUSBAND OR WIFE</b> <b>Lillie Otten Conner</b>	
IMMEDIATE CAUSE (a) <b>Acute circulatory failure</b>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Aortic Stenosis with left ventricular hypertrophy</b>			
DUE TO (c) <b>Rheumatic heart disease</b>			
PART II. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a) <b>Nephrosclerosis generalized arteriosclerosis</b>			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
19. <b>WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
20c. <b>TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. <b>CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b> <b>STATE</b>
21. I attended the deceased from <b>April 20 1962</b> to <b>24 June 62</b> and last saw her/him alive on <b>24 June 62</b> Death occurred at <b>8:40</b> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. <b>SIGNATURE</b> <i>[Signature]</i> (Degree or title) <b>M.D.</b>		22b. <b>ADDRESS</b> <b>Warrensburg, Missouri</b>	22c. <b>DATE SIGNED</b> <b>6/26/62</b>
23a. <b>BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	23b. <b>DATE</b> <b>6/26/62</b>	23c. <b>NAME OF CEMETERY OR CREMATORY</b> <b>Versailles Cemetery</b>	23d. <b>LOCATION</b> (City, town, or county) (State) <b>Versailles, Missouri</b>
24. <b>FUNERAL DIRECTOR</b> <b>Sweeney-Phillips, Warrensburg, Mo.</b>		25. <b>DATE RECD. BY LOCAL REG.</b> <b>June 25, 1962</b>	26. <b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>

JUL 3 1962

**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 W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knot Hoster, Wb.

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.