

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046634

Registration District No. 132 Primary Registration District No. \_\_\_\_\_ Registrar's No. 230

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 25 1962

VS 300 Rev. 4/59	DATE AMENDED
b400	
20400	
3	
4 1	
5 2	
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7 0	
8 2	
94201	
10	
11	
12 70-8	
13 1-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission)	
a. COUNTY <u>GRUNDY</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>GRUNDY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPICKARD</u>		c. CITY OR TOWN <u>SPICKARD</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>ORVIE</u> Middle <u>ANN</u> Last <u>CONNERS</u>		4. DATE OF DEATH Month <u>DEC.</u> Day <u>16,</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 4, 1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>PRINCETON MO.</u>
13a. FATHER'S NAME <u>THOMAS BENGE</u>		14. NAME OF HUSBAND OR WIFE <u>JERRY CONNERS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>MINNIE SCHOOLER SPICKARD MO.</u>	
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) <u>NATURAL CAUSES</u>			
DUE TO (b) _____			
DUE TO (c) <u>DEATH WITHOUT MEDICAL ATTENDANCE</u>			
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
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.) <u>DEATH PROBABLY DUE TO CORONARY OCCLUSION</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.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.) <u>Donald H. Slater County Coroner,</u>		20f. CITY, TOWN, OR LOCATION <u>12-16-62</u>	
21. I attended the deceased from <u>7</u> to <u>DEC. 16, 1962</u> and last saw her alive on _____			
Death occurred at <u>about 2:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Irene Jav, Local Registrar</u>		22b. ADDRESS <u>Trenton, Mo</u>	22c. DATE SIGNED <u>12-18-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-18-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEMETERY</u>	23d. LOCATION (City, Town, or county) (State) <u>SPICKARD MO.</u>
24. FUNERAL DIRECTOR <u>WISE FUNERAL HOME</u>		25. DATE RECD. BY LOCAL REG. <u>12-18-62</u>	26. REGISTRAR'S SIGNATURE <u>Irene Jav</u>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.