

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005297

STATE FILE NUMBER

042

1000

313

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

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AMENDED

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

J.T. Rogers, M.D. MEDICAL CERTIFICATION

<p style="font-size: 18pt; font-weight: bold;">FILED MAR 13 1963</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <b>Buchanan</b></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b> Length of stay in 1b _____</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. St. Joseph's Hosp.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b></p> <p>c. CITY OR TOWN <b>St. Joseph</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <b>2510 North 5th St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First Middle Last <b>MARIE LORETTA CONNER</b></p>		<p>4. DATE OF DEATH</p> <p style="text-align: center;">Month Day Year <b>March 3, 1963</b></p>				
<p>5. SEX <b>Female</b></p>	<p>6. COLOR OR RACE <b>White</b></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <b>3-23-1890</b></p>	<p>9. AGE (last birthday) <b>72</b></p>	<p>IF UNDER 1 YEAR Months _____ Days _____</p>	<p>IF UNDER 24 HR Hours _____ Min. _____</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seamstress</b></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Clothing</b></p>		<p>11. BIRTHPLACE (City and state or country) <b>Easton, Mo.</b></p>		<p>12. CITIZEN OF WHAT COUNTRY <b>USA</b></p>
<p>13a. FATHER'S NAME <b>John Wogan</b></p>		<p>13b. MOTHER'S MAIDEN NAME <b>Josephine Brumm</b></p>		<p>14. NAME OF HUSBAND OR WIFE <b>John E.</b></p>		
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b></p>		<p>17. INFORMANT <b>Loretta Conner</b> Address <b>2510 No. 5th City</b></p>				
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <b>ACUTE CORONARY OCCLUSION</b></p> <p style="text-align: center;">DUE TO (b) <b>CORONARY ATHEROSCLEROSIS</b></p> <p style="text-align: center;">DUE TO (c) _____</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: right;">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</p> <p style="text-align: right;">INTERVAL BETWEEN ONSET AND DEATH <b>IMMED</b></p>						
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>		
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>		
<p>20f. CITY, TOWN, OR LOCATION <b>St. Joseph, Mo.</b></p>		<p>20g. COUNTY <b>Buchanan</b></p>		<p>20h. STATE <b>Missouri</b></p>		
<p>21. I attended the deceased from <b>OCT 1958</b> to <b>MARCH 3-1963</b> and last saw her/him alive on <b>2-9-1963</b>. Death occurred at <b>9:40</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>						
<p>22a. SIGNATURE (Degree or title) <b>John T. Rogers M.D.</b></p>		<p>22b. ADDRESS <b>602 Jules St. Joseph, Mo.</b></p>		<p>22c. DATE SIGNED <b>3-6-63</b></p>		
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b></p>		<p>23b. DATE <b>March 7, 1963</b></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b></p>		
<p>23d. LOCATION (City, town, or county) <b>St. Joseph, Mo.</b></p>		<p>23e. STATE <b>Missouri</b></p>				
<p>24. FUNERAL DIRECTOR <b>H. O. Sidenfaden &amp; Son</b> Address <b>St. Joseph, Mo.</b></p>		<p>25. DATE RECD. BY LOCAL REG. <b>Mar. 11, 1963</b></p>		<p>26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Handell</b></p>		

**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 Robert H. Zepke

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.

Permitted 3-6-63  
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