

FILED MAR 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7313

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Washington Twp.) c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital # 3.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jefar
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cabool 1070
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED a. (First) Charley b. (Middle) - c. (Last) Conn. 4. DATE OF DEATH (Month) (Day) (Year) 2-21-1951

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unmarried 8. DATE OF BIRTH unknown 9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 MEX. Hours Mins. 72

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 10b. KIND OF BUSINESS OR INDUSTRY farming 11. BIRTHPLACE (State or foreign country) Indiana 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) unknown 16. SOCIAL SECURITY NO. unknown 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles B Conn - Cabool Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH 2 years
ANTECEDENT CAUSES DUE TO (b) _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 2-19-, 1951, to 2-21-, 1951, that I last saw the deceased alive on 2-21-, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J.R. Bunch, M.D. (Degree or title) 23b. ADDRESS State Hospital # 3 23c. DATE SIGNED 2-21-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 2-23-51 24c. NAME OF CEMETERY OR CREMATORY unknown 24d. LOCATION (City, town, or county) (State) Delphos Kansas

DATE REC'D BY LOCAL REG. 2-23-51 REGISTRAR'S SIGNATURE Anna E. Ferry 451 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Allen T. Jago Nevada, Mo.

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1080

DIVISION OF HEALTH OF MO.
District No. 6 - Springfield

RECEIVED FEB 26 1957

Dist. File 357-439

Date Filed 3-2-57

WAR 9 1957

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Allen V. Hayes

Licensed Embalmer No. 1968

P. O. Address Navada, 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 this body is not embalmed, fact should be so stated above.