

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5122

State File No. _____

BIRTH NO. 7431 REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Cars</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: name before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Piedmont</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Boone Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Merwin Mo 00700</u>	

3. NAME OF DECEASED (Type or Print) <u>JAMES JOSEPH CONNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 20 1953</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Feb 20 1953</u>		9. AGE (In years last birthday) <u>—</u> IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> IF UNDER 24 HRS. Hours <u>—</u> Min. <u>30</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Harrisonville Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
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13a. FATHER'S NAME <u>James Conner</u>		13b. MOTHER'S MAIDEN NAME <u>Rovine Woodall</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Conner</u> ADDRESS <u>Merwin Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia Pallida</u>		DUE TO (b) <u>Pulmonary Anomalies</u>					
DUE TO (c) <u>Prematurity</u>		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 <u>773 1/2</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Feb 20 1953, to Feb 20 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

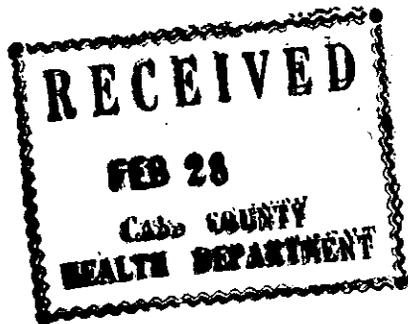
23a. SIGNATURE <u>H. E. Zisch</u> (Degree or title)		23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>2/21/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 21-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Emelby Drexel</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Feb 21 1953</u>		REGISTRAR'S SIGNATURE <u>Dora Barlow</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Gunninburgas</u> ADDRESS <u>Harrisonville Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0199



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
Student Embalmer

not embalmed

Signed *Ernest R. ...*

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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.