

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 25 1955

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u> <u>0830</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Smithville, Mo</u> <u>0</u>	c. LENGTH-OF STAY (In this place) <u>5 hours</u>	c. CITY OR TOWN <u>Ferrilview</u>	<input checked="" type="checkbox"/> Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smithville Hosp.</u>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alered</u> b. (Middle) <u>EMUETT</u> c. (Last) <u>CONNOR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 14 1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 30 - 1916</u>	9. AGE (In years last birthday) <u>38</u> IF UNDER 1 YEAR: Months _____ Days _____ IF OVER 1 YEAR: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>COY MFG.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Brunswick, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>W.H. CONNER</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Wetzel</u>	14. NAME OF HUSBAND OR WIFE <u>Elaine Conner</u>
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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>485-032611</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elaine Conner Ferrilview, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound to head</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>72 rifle bullet</u> 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 <u>E976 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	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) _____ m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. J. Pate and Son</u>	(Degree or title) <u>3 North Kansas City, Mo</u>	23b. ADDRESS	23c. DATE SIGNED <u>4/14/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-14-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Platte City, Mo Cemetery - Platte City, Mo</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>4-14-55</u>	REGISTRAR'S SIGNATURE <u>Marquerite Hudgens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rollins - Mitchell Funeral Home</u>	ADDRESS <u>Platte City - Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Roland M. Giffey*.....
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Licensed Embalmer No.

P. O. Address *Platte City*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.