Health, Welfare Public Service

300 -57

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31129
STATE FILE NUMBER

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY Cedar 0201
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN El Dorado Spgs. Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 121 Hightower Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cedar 0201
c. CITY OR TOWN El Dorado Spgs. Inside Limits Yes ☑ No ☐ 0
d. STREET ADDRESS (If outside, give location) 121 Hightower Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last
Frank Conner

4. DATE OF DEATH Month Day Year
10-11-57

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 12-28-1881
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Kansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Samuel Conner
13b. MOTHER'S MAIDEN NAME Olive Cummings
14. NAME OF HUSBAND OR WIFE Emma Conner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT Lester Conner Address El Dorado Spgs. Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Anoxia — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary occlusion — 1 hr
DUE TO (c) Arteriosclerotic heart disease — 1 yr +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

MEDICAL CERTIFICATION

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-5-57, to 10-11-57 and last saw her/him alive on 10-10-57
Death occurred at 8:15 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C H Sunderwirth D.O.
22b. ADDRESS El Dorado Spgs.
22c. DATE SIGNED 10-11-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-13-57
23c. NAME OF CEMETERY OR CREMATORY Mound Cemetery
23d. LOCATION (City, town, or county) (State) Cedar Co., Mo.

24. FUNERAL DIRECTOR Gwinn Carothers ADDRESS El Dorado Spgs., Mo.
25. DATE RECD. BY LOCAL REG. 10-12-57
26. REGISTRAR'S SIGNATURE George W. Mafus

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Max W. Rickering

Licensed Embalmer No. 4696

P. O. Address El Dorado

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.