

Health,
, & Welfare
S. Public
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035347
STATE FILE NUMBER

FILED OCT 17 1958 Registration District No. 2 Primary Registration District No. 5010 Registrar's No. 59

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v. 1-57
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1. PLACE OF DEATH a. COUNTY ANDREW			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ANDREW		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BENTON Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN ROSENDALE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi. Southeast of Rosendale		Length of stay in 1b 10 months	d. STREET ADDRESS (If outside, give location) 2 mi. south east of Rosendale		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) GERTRUAD LOUIA CONNORS			4. DATE OF DEATH Month Sept. Day 26 Year 1958		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEBRUARY 1, 1893	9. AGE (In years last birthday) 65	10. UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRACTICAL NURSE		10b. KIND OF BUSINESS OR INDUSTRY NURSING	11. BIRTHPLACE (City and state or country) ROSENDALE, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CAREY HEWITT		13b. MOTHER'S MAIDEN NAME ANNA RHOADES		14. NAME OF HUSBAND OR WIFE GEORGE A. CONNORS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 537-28-9441	17. INFORMANT Address GEO. A. CONNORS Rosendale, 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) Myocardial Infarction					INTERVAL BETWEEN ONSET AND DEATH 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 9-26-58 to 9-26-58 and last saw her alive on 9-26-58 Death occurred at 12:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Warren O. Balow MD			22b. ADDRESS Savannah, Mo.		22c. DATE SIGNED 9-26-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Sept. 28, 1958	23c. NAME OF CEMETERY OR CREMATORY Savannah City Cemetery Savannah		23d. LOCATION (City, town, or county) (State) Mo.
24. FUNERAL DIRECTOR Wm A. Rich Savannah Mo			25. DATE RECD. BY LOCAL REG. 9-29-58		26. REGISTRAR'S SIGNATURE Lillian Sparks

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Wm A Rich*

Licensed Embalmer No. *4228*

P. O. Address *Savannah, 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.