

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016539
STATE FILE NUMBER

FILED APR 28 1959

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 65

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-57

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| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Webb City 04920 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada State Hospital #3 | | Length of stay in 1b 4-16-58 | d. STREET ADDRESS (If outside, give location) 419 So. Devon Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Roger Middle William Last Connor | | | 4. DATE OF DEATH Month 4 Day 21 Year 1959 | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH August 17, 1879 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown | 10b. KIND OF BUSINESS OR INDUSTRY Unknown | 11. BIRTHPLACE (City and state or country) Davis County Mo | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Harry Connor | 13b. MOTHER'S MAIDEN NAME Luella Linn | 14. NAME OF HUSBAND OR WIFE SINGLE |
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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) Unknown | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT Adm Paper Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Vessel Disease | | INTERVAL BETWEEN ONSET AND DEATH Yrs. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Atheromatous Sclerosis | |
| | DUE TO (c) Senil Dementia | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senil Dementia | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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|---|---|--|---|--------|-------|
| 20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> | 20d. INJURY OCCURRED WHILE AT <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 4201 | COUNTY | STATE |
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| 21. I attended the deceased from Death occurred at 105 A.m. 12-5-'58 to 4-21-'59 and last saw her alive on 4-21-'59 in the date stated above; and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE (Degree or title) E. Allen Pickens, M.D. | 22b. ADDRESS Nevada, Missouri | 22c. DATE SIGNED 4-21-'59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE April 22, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Sheldon Cemetery | 23d. LOCATION (City, town, or county) Sheldon Mo. | (State) |
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| 24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home Webb City, Mo. | 25. DATE RECD. BY LOCAL REG. 4-23-1959 | 26. REGISTRAR'S SIGNATURE Anna G. Jerryp |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Richard H. Lewis

Licensed Embalmer No. *4405*

P. O. Address *Webb City, 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.