

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041299

FILED VS DEC 8 1959

STATE FILE NUMBER

Registration District No. 292 Primary Registration District No. 3055 Registrar's No. 136

ENDED

1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Polk</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bolivar</u>		Length of stay in 1b <u>7 yrs</u>		c. CITY OR TOWN <u>Bolivar</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Quin in the home</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Carrie</u> Middle <u>Connor</u> Last <u>Connor</u>				4. DATE OF DEATH <u>Nov. 25 - 1959</u> Month <u>Nov.</u> Day <u>25</u> Year <u>1959</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 27 - 1878 - 80</u>		9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>		11. BIRTHPLACE (City and state or country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Dowell</u>			13b. MOTHER'S MARYDEN NAME <u>Catharin Haines</u>			14. NAME OF HUSBAND OR WIFE			
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>No</u>		17. INFORMANT <u>Mr. Glenn Hitt - Bol. Mo.</u> Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u> DUE TO (b) <u>Prolonged Anemia</u> DUE TO (c) <u>Arterio-sclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>		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 <u>Nov. 16 - 1959</u> to <u>Nov. 25, 1959</u> and last saw her alive on <u>Nov. 25 - 1959</u> Death occurred at <u>10:50 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>M. J. Cumber</u> (Degree or title)				22b. ADDRESS <u>Bolivar Mo.</u>				22c. DATE SIGNED <u>11-27-59</u>	
23a. BURIAL CREMATION REMOVAL (Specify)		23b. DATE <u>Nov. 28 - 59</u>		23c. NAME OF CEMETERY OR CREMATORIUM <u>Pleasant Hill</u>		23d. LOCATION (City, town, or county) <u>Polk Co Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>Pitts F. N.</u> ADDRESS <u>Bol. Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Dec. 3, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Ralph Gordonperquell Gordon</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *William J. Pitts*

Licensed Embalmer No. 4939

P. O. Address *Boh. 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.