

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002252

FILED VS JAN 11 1960

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 7

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Length of stay in 1b Life		c. CITY OR TOWN Warrensburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 400 W. Pine			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 400 W. Pine		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Rosie Middle Belle Last Conard				4. DATE OF DEATH Month 1-6-1960 Day 1960 Year			
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 3-12-1899	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months 62 Days 62 Hours 62 Min.	IF UNDER 24 HR Hours 62 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Houstonia, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charley Wm. King			13b. MOTHER'S MAIDEN NAME Annabel Shepard		14. NAME OF HUSBAND OR WIFE Roy B. Conard		
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. 491-20-5934		17. INFORMANT Address Roy Conard 400 W. Pine Warrensburg			
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><i>Carcinoma of Ovary</i></u> 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) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown						INTERVAL BETWEEN ONSET AND DEATH <u><i>18 months</i></u>	
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. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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><i>June 1959</i></u> to <u><i>1-6-60</i></u> and last saw her/him alive on <u><i>1-5-60</i></u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u><i>R. Lee Cooper MD</i></u>				22b. ADDRESS <u><i>Warrensburg Mo</i></u>		22c. DATE SIGNED <u><i>1-7-60</i></u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-9-1960	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery		23d. LOCATION (City, town, or county) Warrensburg, Missouri		(State)	
24. FUNERAL DIRECTOR ADDRESS Sweeney-Phillips Warrensburg, Mo.				25. DATE RECD. BY LOCAL REG. 1-8-60		26. REGISTRAR'S SIGNATURE <u><i>Savannah Crutchfield</i></u> <u><i>by Earl Crest Dupuy</i></u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 13 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Morris D Bailey

Licensed Embalmer No. 4887

P. O. Address Waverly

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