

FILED VS JAN 26 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-002959
STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. le 022 Registrar's No. 13

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Ray</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Richmond 08910</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>Ray County Hospital-5 hours</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>210 North Main</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Lilbern</u> Last <u>Conner</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>12,</u> Year <u>1960</u>		
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 7, 1890</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William A. Conner</u>		13b. MOTHER'S MAIDEN NAME <u>Freelove Phillips</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie (Page) Conner</u>	
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>486-09-3801</u>	17. INFORMANT Address <u>Mrs. Bessie Conner, Richmond, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Left heart failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>Congestive heart failure 2 wks</u>					
DUE TO (c) <u>Pulmonary disease yrs</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>5272</u>					19. WAS AUTOPSY PERFORMED? <u>2 YES</u> <input type="checkbox"/> <u>NO</u> <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 <input type="checkbox"/> NOT WHILE 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>1956</u> to <u>1960</u> and last saw ^{him} <u>her</u> alive on <u>1-12-1960</u> Death occurred at <u>6-12-60 1:00pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. H. Dewart M.D.</u> (Degree or title)			22b. ADDRESS <u>Richmond</u>		22c. DATE SIGNED <u>1-16-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-16-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Todds Chapel</u>		23d. LOCATION (City, town, or county) (State) <u>Ray County, Missouri</u>
24. FUNERAL DIRECTOR <u>Thomas J. Carter, Richmond, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-18-1960</u>	26. REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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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 *Thomas J. Carter*

Licensed Embalmer No. *4474*

P. O. Address *Richmond, Va*

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.