

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018405

STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 53

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 13 1962

1. PLACE OF DEATH
 a. COUNTY CLINTON
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN CAMERON Length of stay in 1b 14 HRS
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION His Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
 a. STATE Mo b. COUNTY CLINTON
 c. CITY OR TOWN CAMERON Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) 620 E. 5th Street. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last GUY HARRIS CONNORS
 4. DATE OF DEATH Month Day Year June 1 1962
 5. SEX Male 6. COLOR OR RACE Wh. 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 12-8-1916 9. AGE (last birthday) 47 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mo. High Way Dept. 10b. KIND OF BUSINESS OR INDUSTRY Mechanic 11. BIRTHPLACE (City and state or country) Ft. Scott Kansas 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME William J. Connors 13b. MOTHER'S MAIDEN NAME Never Married. 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) Yes 16. SOCIAL SECURITY NO. [Redacted] 17. INFORMANT Address Mrs. Ida J. Connors Cameron, Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) self inflicted gun shot wound in
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) unintentional
 DUE TO (c) unintentional
 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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 11 p.m. Month, Day, Year 6-1-62 Self inflicted gun shot wound

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or out home, farm, factory, street, office bldg., etc.) Home 20f. CITY, TOWN, OR LOCATION Cameron COUNTY Clinton STATE Mo

21. I attended the deceased from 11:00 to 11:00 and last saw her/him alive on June 1 1962
 Death occurred at 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) James W. Donders, Embalmer 21b. ADDRESS Cameron, Mo 21c. DATE SIGNED June 1962

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 6-5-1962 23c. NAME OF CEMETERY OR CREMATORY Evergreen 23d. LOCATION (City, town, or county) CAMERON, MO (State)

24. FUNERAL DIRECTOR DeMass C. RINK, CAMERON, MO ADDRESS June 5 1962 25. DATE RECD. BY LOCAL REG. Francis D. Crawford 26. REGISTRAR'S SIGNATURE

(Licensed Embalmer - Statement on Reverse Side)

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUN 13 1962

MAY 14 1963

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 *James G. Smith*

Licensed Embalmer No. 2533

P. O. Address Cameron 470

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.