

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038884
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 732

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10109
20660

3
4 0
5 1
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12 2-0
13 30

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If "outside corporate limits," give TOWNSHIP only) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Iberia</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University Medical Center</u>		d. STREET ADDRESS (If outside, give location) <u>Route 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>MYER</u> Middle <u>(NONE)</u> Last <u>CONNOR</u>		4. DATE OF DEATH Month <u>10</u> Day <u>27</u> Year <u>63</u>	
5. SEX <u>Male</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>8-7-12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Iberia, Mo. USA</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>William Connor</u>		13b. MOTHER'S MAIDEN NAME <u>Sadie Ponder</u>	14. NAME OF HUSBAND OR WIFE <u>Edythe Connor</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)		17. INFORMANT Address <u>University Medical Records</u>	
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>CARDIAC FAILURE</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u>			<u>443</u>
DUE TO (c) <u>ESSENTIAL HYPERTENSION</u>			<u>444</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PNEUMONIA</u>			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 checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	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>OCTOBER 27, 1963</u> to <u>OCTOBER 28, 1963</u> and last saw him alive on <u>OCTOBER 28, 1963</u> Death occurred at <u>10:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Mary Jean Hood M.D.</u>		22b. ADDRESS <u>UNIVERSITY HOSPITAL COLUMBIA MISSOURI</u>	22c. DATE SIGNED <u>23 Oct 1963</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>10-26-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Iberia Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Iberia, Miller Mo.</u>
24. FUNERAL DIRECTOR <u>SCRIBNER-STEVINSON</u>	25. DATE RECD. BY LOCAL REG. <u>Oct 23 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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 Jay A. Steverson

Licensed Embalmer No. 5201

P. O. Address Iberia, 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.