

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048944

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 438

STATE FILE NUMBER

FILED JAN 2 1964

VS 300 Rev. 4/59	DATE AMENDED
10808	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT
20800	
3	
4 1	
5 2	
6	
7 1	
8 2	
9010	
10 21	
11 080	
12 1-0	
13 1-0	
ITEM NO.	SHOULD READ
BY AFFIDAVIT OF	MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sedalia</u>		Length of stay in lb <u>1 Week</u>	c. CITY OR TOWN <u>Green Ridge</u>
c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hosp.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R7D 2</u>
3. NAME OF DECEASED (Type or print) <u>Kate R. Connor</u>		First Middle Last	4. DATE OF DEATH <u>Dec. 27, 1963</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>10-9-1867</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>96</u>
13a. FATHER'S NAME <u>Michael Doherty</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Murphy</u>	14. NAME OF HUSBAND OR WIFE <u>Patrick Connor</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Connor Green Ridge, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>CARDIAC FAILURE</u>			<u>36 HRS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			<u>2 1/2 DAYS</u>
DUE TO (b) <u>FRACTURED HIP</u>			
DUE TO (c) <u>OLD AGE</u>			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>FELL AT HOME</u>	
20c. TIME OF INJURY Hour s.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.) <u>HOME</u>	20f. CITY, TOWN, OR LOCATION <u>GREEN RIDGE</u>	COUNTY STATE <u>PETTIS MO</u>
21. I attended the deceased from <u>12/24/63</u> to <u>12/27/63</u> and last saw her alive on <u>12/27/63</u> Death occurred at <u>2 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Elliot M. Braverman MD</u>		22b. ADDRESS <u>1806 W 11th St, Sedalia</u>	22c. DATE SIGNED <u>12/27/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 30, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	23d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>M Laughlin Bros - Sedalia Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 28, 63</u>	26. REGISTRAR'S SIGNATURE <u>Francis Shelby</u> <u>Per T. Anderson</u>

Spencer Hopkins

1931
JAN 6 1931

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 K.P.M. Cray

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.