

FILED APR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7872

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BIRTH NO. _____		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>5336</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>DADE</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural - Center Twp</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - CENTER Twp</u>		d. STREET ADDRESS (If rural, give location) <u>3mi north of Greenfield on Highway 160</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>JASPER</u> c. (Last) <u>McConnell</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 25 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Dec 16, 1889</u>		9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>22</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James S McConnell</u>		13b. MOTHER'S MAIDEN NAME <u>ANN McLEMORE</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Marshall McConnell</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lena McConnell Greenfield</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>death</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>47</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Greenfield Dade Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>47</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>about 1900</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Alfred R. Cain M.D.</u>				23b. ADDRESS <u>Greenfield Mo.</u>		23c. DATE SIGNED <u>3/30/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 27 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENFIELD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Greenfield Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-30-49</u>		REGISTRAR'S SIGNATURE <u>Yes L Weir 79</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. C. Canada, Greenfield, Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6;

District File Number 449-377

Date Filed 4-6-49

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.

Signed _____

J. C. Canada

Signed _____

Student Embalmer

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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 this body is not embalmed, fact should be so stated above.