

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16808**

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

| | | | | | | | | | | |
|--|-------------------------|--|---|--|---------------------|--|---------------------------------------|---|---------------------------------------|------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>274</u> | | PRIMARY REG. DIST. NO. <u>3052</u> | | Registrar's No. <u>164</u> | | | | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) | | | | | | |
| a. COUNTY Pettis | | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia | | a. STATE Missouri | | b. COUNTY Pettis | | | | |
| c. LENGTH OF STAY (in this place) 5 years | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia, | | d. STREET ADDRESS (If rural, give location) 112 East 10th | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 112 East 10th Street | | | | d. STREET ADDRESS (If rural, give location) 112 East 10th | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | 5. SEX | | | | |
| a. (First) JESSE | b. (Middle) B | c. (Last) Mc CONNELL | Month May | Day 19 | Year 1949 | Male <input checked="" type="checkbox"/> | Female <input type="checkbox"/> | | | |
| 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Jan. 12, 1873 | | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months 4 | IF UNDER 1 YEAR Days 7 | IF UNDER 24 HRS. Hours 7 | Min. 7 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner grocery store | | | 10b. KIND OF BUSINESS OR INDUSTRY Food | | | 11. BIRTHPLACE (State or foreign country) Kearney, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | |
| 13a. FATHER'S NAME Joseph McConnel | | | 13b. MOTHER'S MAIDEN NAME Susan Watkins | | | 14. NAME OF HUSBAND OR WIFE Elizabeth R. McConnel | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. None | | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth Mc Connel, Sedalia, Mo. | | | ADDRESS Sedalia, Mo. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis | | | | | | 24 hrs | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis | | | | | | years | | |
| | | DUE TO (c) | | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. obesity | | | | | | 4-201 | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 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) | | | | | | |
| 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? | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>May 18, 1949</u> , to <u>May 19, 1949</u> , that I last saw the deceased alive on <u>May 19, 1949</u> , and that death occurred at <u>8:00</u> m., from the causes and on the date stated above. | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Edwin D. Holbert, D.O. | | | | 23b. ADDRESS 1207 S. Pennine Sedalia, Mo. | | | | 23c. DATE SIGNED May 19 49 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE May 20 1949 | | 24c. NAME OF CEMETERY OR CREMATORY Liberty, Missouri | | 24d. LOCATION (City, town, or county) (State) Liberty, Missouri | | | | |
| DATE REC'D BY LOCAL REG. 5-20-49 | | REGISTRAR'S SIGNATURE Betty Yeager | | 25. FUNERAL DIRECTOR'S SIGNATURE W. W. Keckart | | ADDRESS Sedalia, Mo. | | | | |

MAY 24 REC'D

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-24-48

JUL 28 1949

AUG 4 1949

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 _____
Student Embalmer

Signed Frank S. Coffman Jr

Licensed Embalmer No. 4559

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 this body is not embalmed, fact should be so stated above.