

FILED MAY 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

1897

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1897</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>5 1/2 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		3458	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>630 WEST 70th STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u>		b. (Middle) <u>NELSON</u>		c. (Last) <u>CONNET</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL-22-1950</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>SEPT. 28-1898</u>	
9. AGE (in years) (Months) (Days) <u>51 YRS</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DISTRICT MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>P.C.A. SERVICE CO</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>FRANK B. CONNET</u>		13b. MOTHER'S MAIDEN NAME <u>VENA PEARL WELTY</u>		14. NAME OF HUSBAND OR WIFE <u>E. ESTELLE CONNET</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>YES W.W.I</u>		16. SOCIAL SECURITY NO. <u>487-09-6076</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. ESTELLE CONNET</u> ADDRESS <u>K.C. MO</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>Atherosclerosis of Coronary arteries + Angina Pectoris</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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>4-18</u> , 1950, to <u>4-22</u> , 1950, that I last saw the deceased alive on <u>4-22</u> , 1950, and that death occurred at <u>11:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. G. Berry</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>315 Alameda Rd. K.C. Mo</u>		23c. DATE SIGNED <u>April 24, 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-25-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>4-25-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer Sons</u> ADDRESS <u>K.C. MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 12 1951

MAR 15 1951

1:00 - 3:00  
315 Allman Road  
Wayne Med. Bldg

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Ray L Daniel*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4702*

P. O. Address *Kansas City, 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.