.S. No. 300
EV. 10.48

0422

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16547

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 144

1. PLACE OF DEATH
a. COUNTY: HENRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLINTON
c. LENGTH OF STAY (in this place): ALL LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 102 E. Clinton,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton Mo 0422 1)
d. STREET ADDRESS (If rural, give location): 102 E CLINTON

3. NAME OF DECEASED (Type or Print)
a. (First): CORYL b. (Middle): x c. (Last): McCONNELL

4. DATE OF DEATH (Month) (Day) (Year): June 5 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: SEPT 18 1892
9. AGE (Last birthday): 57 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CLINTON MO
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: W.A. McCONNELL
13b. MOTHER'S MAIDEN NAME: CORA JENKINS
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Cyril McConnell
ADDRESS: Kansas City Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 3 HR.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) HYPERTENSION — 2 YR.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4501

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* JUNE, 1948, *to* JUNE 5, 1950, *that I last saw the deceased alive on* JUNE 3, 1950, *and that death occurred at* 2:05 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Hugh B. Walker, MOD (Degree or title)
23b. ADDRESS: Clinton, Mo.
23c. DATE SIGNED: 7 June 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial (1)
24b. DATE: 6/7/50
24c. NAME OF CEMETERY OR CREMATORY: Englewood Cem
24d. LOCATION (City, town, or county) (State): Clinton Mo

DATE REC'D BY LOCAL REG.: June 6-50
REGISTRAR'S SIGNATURE: Florence Adair 4-22
25. FUNERAL DIRECTOR'S SIGNATURE: J.E. Consolver
ADDRESS: Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 16 1950

RECEIVED 6-12-50
District Health Officer No. 7
District File Number 5-50-64
Date Filed 6-12-50

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 Eugene R. Consalus
Licensed Embalmer No. 4680
P. O. Address Clinton, 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.