

No. 300
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FILED MAR 19 1951THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9627

BIRTH NO. _____		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 5974		Registrar's No. 316	
1. PLACE OF DEATH a. COUNTY <u>Pack</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pack</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lansburg - South Green Slays</u>		c. LENGTH OF STAY (In this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lansburg - South Green Slays</u>		085	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>to the S.W. of Lansburg</u>				d. STREET ADDRESS (If rural, give location) <u>to the S.W. of Lansburg</u>			
3. NAME OF DECEASED (Type or Print) <u>Mary Ellen Mc Connell</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 9 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Sept 1 1856</u>		9. AGE (In years last birthday) <u>94</u>		10. MONTHS <u>5</u>		11. DAYS <u>8</u>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10a. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Marion, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Leander Doyle</u>		13b. MOTHER'S MARDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Isaac D. Mc Connell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bert Mc Connell</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>Arterio Sclerotic Heart dis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>					
		DUE TO (c) <u>Gall bladder disease</u>				<u>4200</u>	
		II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				<u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)		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>2-8-1951</u> , to <u>2-9-1951</u> , that I last saw the deceased alive on <u>2-7-1951</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. J. Plummer M.D.</u>				23b. ADDRESS <u>Buffalo, Mo</u>		23c. DATE SIGNED <u>2-13-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 11 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Reynolds Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Buffalo, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 8, 1951</u>		REGISTRAR'S SIGNATURE <u>Ralph Warden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Small, Northrup and Blue</u>		ADDRESS <u>Buffalo, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED, MAR 14 1951

Dist. File 351-546

Date Filed 3-13-51

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 _____

Body was not embalmed

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Chas Jester*

Licensed Embalmer No. 4154

P. O. Address Bolivar, 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.