

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27980

State File No. _____

FILED AUG 27 1951

BIRTH NO. _____		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>6059</u>		Registrar's No. <u>43</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u> <u>0930</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Osceola (Rural)</u>		c. #LENGTH OF STAY (in this place) <u>16 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Osceola (Rural) Collins</u>		d. STREET ADDRESS (If rural, give location) <u>Collins Twp; 0930</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doyal Twp;</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kirk</u> b. (Middle) <u>A.</u> c. (Last) <u>McConnell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-1-1951</u>					
5. SEX <u>Male 0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married /</u>		8. DATE OF BIRTH <u>6/29/1890</u>		
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate and Insurance</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Bolivar Missouri 0</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Charles Louis McConnell</u>		13b. MOTHER'S MAIDEN NAME <u>Eloja Wulena</u>		14. NAME OF HUSBAND OR WIFE <u>Henrietta 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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henrietta McConnell Osceola 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism Sudden</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Myocarditis & Hypertension (history)</u> 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fall patient as death</u>				
22. I hereby certify that I attended the deceased from <u>fall patient as death</u> , 19 <u>51</u> , to <u>7-1-1951</u> , that I last saw the deceased alive on <u>7-1-1951</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. B. Dorman</u>				23b. ADDRESS <u>Osceola Mo</u>		23c. DATE SIGNED <u>7-2-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/5/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osceola Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Osceola Missouri</u>		
DATE REC'D BY LOCAL REG. <u>7-2-51</u>		REGISTRAR'S SIGNATURE <u>Keith Severs</u> <u>288</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. B. Dorman Osceola Mo</u>				

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

RECEIVED 8-25-21

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-25-21

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 *J. B. Goodrich*

Licensed Embalmer No. *3038*

P. O. Address *Osceola, 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.