V.S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17513

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6-964 Registrar's No. 48

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

1. PLACE OF DEATH
a. COUNTY: Platte 0830
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville Pettis
c. LENGTH OF STAY (in this place): 27 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lot C15 Weatherby Lake

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Platte 0830
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville Pettis
d. STREET ADDRESS (If rural, give location): Lot C15 Weatherby Lake

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Frederick
c. (Last): Connard

4. DATE OF DEATH (Month) (Day) (Year): May 24 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 17 1900
9. AGE (In years last birthday): 52 — 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): Switchman
10b. KIND OF BUSINESS OR INDUSTRY: Santa Fe R.R.
11. BIRTHPLACE (City and State or Foreign Country): Belleville Kansas
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Albert B. Connard
13b. MOTHER'S MAIDEN NAME: Nellie C. Carpenter
14. NAME OF HUSBAND OR WIFE: Nellie M Connard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 709-16-3996
17. INFORMANT'S SIGNATURE OR NAME: Mrs Nellie M. Connard
ADDRESS: Parkville Missouri

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4-2-01
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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 12:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Bernard L. Mullins (Degree or title): M.D. 0
23b. ADDRESS: 1902 Swift St. Kansas City Mo
23c. DATE SIGNED: 5-24-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 26 1952
24c. NAME OF CEMETERY OR CREMATORY: Wymore Cemetery
24d. LOCATION (City, town, or county) (State): Wymore, Nebraska

DATE REC'D BY LOCAL REG.: 5-26-52
REGISTRAR'S SIGNATURE: Sophia Rollins 257
25. FUNERAL DIRECTOR'S SIGNATURE: O. H. Newcomer Sons
ADDRESS: 1331 Brush Creek Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

7-8

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 Charles H Stechmann

Licensed Embalmer No. 4560

P. O. Address K.C. 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.