

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39044

State File No.

FILED NOV 28 1952

BIRTH NO. 86253 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 466

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>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. Sanitarium</u>		d. STREET ADDRESS (If rural, give location) <u>826 West Truman</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) <u>(Male)</u> c. (Last) <u>McConnell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov 15, 1952</u>
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR <u>0</u> Months	IF UNDER 24 HRS. <u>0</u> Days <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Independence, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wilburn E McConnell</u>	
13b. MOTHER'S MAIDEN NAME <u>Betty Ruth Stillwell</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wilburn E. McConnell</u>		ADDRESS <u>826 Truman Rd</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalic (revere) + Spina Bifida</u>		INTERVAL BETWEEN ONSET AND DEATH <u>47 min</u>	
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>Respiratory and Cerebratory failure</u>		47 min	
		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 <u>752X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 November 15, 1952, to Nov. 15, 1952, that I last saw the deceased alive on Nov. 15, 1952, and that death occurred at 10:55A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wilburn E. McConnell MD</u>		23b. ADDRESS <u>317 W Kansas Independence Mo</u>		23c. DATE SIGNED <u>11-17-52</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 18, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove Cem</u>	
				24d. LOCATION (City, town, or county) (State) <u>Independence, Mo</u>	

DATE REC'D BY LOCAL REG. <u>Nov. 18, 52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 3.54		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson T. Resley</u> ADDRESS <u>Indep. Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Wilson L. Kessler

Licensed Embalmer No. 4225

P. O. Address Indep 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.