

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24972**  
**3250**

FILED JUL 17 1953

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>35 years</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>General Hospital No. 1</b>		e. STREET ADDRESS (If rural, give location) <b>8217 Locust</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clyde</b> b. (Middle) <b>S.</b> c. (Last) <b>McConnell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 24 53</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 21 1897</b>
9. AGE (In years last birthday) <b>56</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Flour Miller—Standard</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Clay County, Missouri</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Milling Co.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>SAMUEL McCONNELL</b>		13b. MOTHER'S MAIDEN NAME <b>CATHERINE YATES</b>	
13c. NAME OF HUSBAND OR WIFE <b>INIS McCONNELL</b>		14. NAME OF HUSBAND OR WIFE <b>INIS McCONNELL</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-01-2951</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Inis McConnell</b>		ADDRESS <b>3635 Park</b>	
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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia and severe interstitial pulmonary hemorrhage</b>		DUE TO (b) <b>Bronchogenic carcinoma with extension to pleura</b>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		16-24	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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) m.		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 <b>May 24, 1953</b> , to <b>June 24, 1953</b> , that I last saw the deceased alive on <b>June 24, 1953</b> , and that death occurred at <b>12:52 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>B. I. Burns</b>		23b. ADDRESS <b>24th &amp; Cherry</b>	
23c. DATE SIGNED <b>6-24-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 26 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>6-26-53</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Quire &amp; Robin</b>		ADDRESS <b>20 West Linwood</b>	

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

*Heilman*

**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, ~~only~~ ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Farrar D. Callisnew*.....

Licensed Embalmer No. *4714*.....

P. O. Address *H. O. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.