FILED OCT 26 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

35616

State File No.

BIRTH NO. 69635 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 975

**1. PLACE OF DEATH**
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield,
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Springfield Baptist Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Greene 0390
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield, Rural, South / Campbell
d. STREET ADDRESS (If rural, give location): Route 7

**3. NAME OF DECEASED** (Type or Print)
a. (First): David
b. (Middle): Gene
c. (Last): McConnell

**4. DATE OF DEATH** (Month) (Day) (Year): October 23, 1953

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Infant 0
**8. DATE OF BIRTH**: October 23, 1953
**9. AGE** (In years last birthday): 0 | IF UNDER 1 YEAR: Months 0, Days 0 | IF UNDER 24 HRS.: Hours 1, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Infant
**10b. KIND OF BUSINESS OR INDUSTRY**: Infant
**11. BIRTHPLACE** (State or foreign country): Springfield, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Gene McConnell
**13b. MOTHER'S MAIDEN NAME**: Norma Lee Sammons
**14. NAME OF HUSBAND OR WIFE**: Infant

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): ——
(If yes, give war or dates of service): ——
**16. SOCIAL SECURITY NO.**: ——
**17. INFORMANT'S SIGNATURE OR NAME**: Gene McConnell
**ADDRESS**: Springfield, Mo.

**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): Congenital atelectasis of lungs
INTERVAL BETWEEN ONSET AND DEATH:

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.* Urinary retention

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
7620
**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* Oct 23, 1953, *to* Oct 23, 1953, *that I last saw the deceased alive on* Oct 23, 1953, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: R. Conrad, M.D. (Degree or title)
**23b. ADDRESS**: Springfield, Mo
**23c. DATE SIGNED**: 10-25-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Oct. 24, 1953
**24c. NAME OF CEMETERY OR CREMATORY**: Patterson
**24d. LOCATION** (City, town, or county) (State): Springfield, Missouri

**DATE REC'D BY LOCAL REG.**: 10-23-53
**REGISTRAR'S SIGNATURE**: Faith Williamson
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS**: Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 L Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.