

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 42826

6027

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 35 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		3 a 18	
d. FULL NAME OF HOSPITAL OR INSTITUTION 601 EAST 74th STREET				d. STREET ADDRESS (If rural, give location) 601 EAST 74th STREET			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) FRED RICK c. (Last) CONNELY			4. DATE OF DEATH (Month) (Day) (Year) 12-22-53				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 12-12-1898	
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST		10b. KIND OF BUSINESS OR INDUSTRY 601 EAST 74th STREET		11. BIRTHPLACE (City and State or Foreign Country) ARCHIE, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME FRED CONNELLY		13b. MOTHER'S MAIDEN NAME CLARA CLARK		14. NAME OF HUSBAND OR WIFE KOBELT CONNELLY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. KOBELT CONNELLY			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic heart disease 1945 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Immediate 4200	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 1945 , to Dec 22, 1953 , that I last saw the deceased alive on 12-20, 1953 and that death occurred at 10:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE E. W. JOHNSON JR. (Degree or title)				23b. ADDRESS 231 W 47 St		23c. DATE SIGNED 12-22-53	
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 26 1953		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 12-25-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE H. B. Burman's Sons ADDRESS 125 BARRON STREET BLDG KANSAS CITY, 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 Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address K. C. Me.

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.