

FILED AUG 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22045

State File No.

BIRTH NO. REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 4037 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN <u>Foster Mo.</u>		c. CITY OR TOWN <u>Foster</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>Walnut Twp/</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUTHER</u> b. (Middle) <u>JAMES</u> c. (Last) <u>McCONNELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July-26-1954</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL-26-1884</u>	9. AGE (In years last birthday) <u>70</u>	10. UNDER 1 YEAR <u>3</u> Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COAL MINER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COAL</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LIVINGSTON COUNTY ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>WILLIAM McCONNELL</u>	13b. MOTHER'S MAIDEN NAME <u>CARRIE VAN HORNE</u>	14. NAME OF HUSBAND OR WIFE <u>MINNIE McCONNELL</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>493-14-7580</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H.A. McConnell - Rich Hill Mo</u> ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide</u>		DUE TO (b) <u>discharge of 12 gauge Shot gun</u>		<u>instant</u>
DUE TO (c) <u>placed to center of eyes</u>		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>dead on arrival</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>E 976x</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jul 26 54</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>suicide</u>

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Cloris Smith</u> (Degree or title) <u>acting coroner</u>	23b. ADDRESS <u>Butler Missouri</u>	23c. DATE SIGNED <u>7/26/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-29-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PALEM CEM.</u>
		24d. LOCATION (City, town, or county) (State) <u>FOSTER, MISSOURI.</u>

DATE REC'D BY LOCAL REG. <u>July 31-54</u>	REGISTRAR'S SIGNATURE <u>Fern H. Martin</u> (1975)	25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Home Rich Hill Mo</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 9 1954

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 358
P. O. Address Butler

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.