

FILED DEC 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36445**

No. 300
10.48

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

BIRTH NO. _____ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE MO. b. COUNTY Lawrence (Division).	
b. CITY (If outside corporate limits, write RURAL and give town) Monett, Mo.	c. LENGTH OF STAY (in this place) 5 days	c. CITY OR TOWN Pierce City, Mo.	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 St. Vincents Hosp.		STREET ADDRESS (If rural, give location) 409 Myrtle	

3. NAME OF DECEASED (Type or Print) MABLE LEE McCONNELL			4. DATE OF DEATH Nov. 18 1954		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 25- 1896	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 8 Days 23	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Galena, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME William Bridges		13b. MOTHER'S MAIDEN NAME Bertie Hart		14. NAME OF HUSBAND OR WIFE Ray McConnell	
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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 Ray McConnell ADDRESS Pierce City, MO.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		DUE TO (b)			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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		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)		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 **July 25, 1949**, to **Nov 18, 1954**, that I last saw the deceased alive on **Nov 17, 1954**, and that death occurred at **2:46 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles A. Spears, M.D.		23b. ADDRESS Pierce City, MO		23c. DATE SIGNED Nov 18, 1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 20, 1954	24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL	24d. LOCATION (City, town, or county) (State) Joplin, Mo.
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DATE REC'D BY LOCAL REG. 10-20 54	REGISTRAR'S SIGNATURE Mr. P. N. ...	25. FUNERAL DIRECTOR'S SIGNATURE WILKS BROS ADDRESS Pierce City, mo.
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(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1154-138

DATE REC. 11-27-54

DEC 2

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, ~~on~~ Edwin Wilks Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 416

P. O. Address Parsee, La.

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.