

FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 546

| | | | | | | | | | |
|--|--|--|--|---|----|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 69 | | PRIMARY REG. DIST. NO. 5273 | | Registrar's No. 22 | | | |
| 1. PLACE OF DEATH a. COUNTY Christian | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | b. COUNTY Christian | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Porter | | c. LENGTH OF STAY (in this place) 3 Years | | c. CITY OR TOWN Nixa, Rt. #1 | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence of son, Carmen McConnell, Route 1, Nixa | | | | e. STREET ADDRESS (If rural, give location) "Rural" Porter | | | | 0220 | |
| 3. NAME OF DECEASED (Type or Print) HARVEY | | | a. (First) W. | | | b. (Middle) McCONNELL | | | |
| c. (Last) McCONNELL | | | 4. DATE OF DEATH | | | Jan. 13, 1955 | | | |
| 5. SEX Male <input checked="" type="checkbox"/> | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Dec. 7, 1876 | | 9. AGE (In years last birthday) 78 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (City and State or Foreign Country) Nixa, Missouri | | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME George W. McConnell | | | 13b. MOTHER'S MAIDEN NAME Sallie Keltner | | | 14. NAME OF HUSBAND OR WIFE Maud A. Brown | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | | 16. SOCIAL SECURITY NO. None | | | 17. INFORMANT'S SIGNATURE OR NAME Carmen McConnell, Rt. 1, Nixa, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 mo. | |
| | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral thrombosis, recurrent</i> | | | | | | |
| | | | ANTECEDENT CAUSES <i>poor skin</i> | | | | | | |
| | | | 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 <i>arteriosclerosis, generalized severe</i> | | | | | | |
| | | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <i>4201</i> | | | | | | 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 <i>4 July, 1954</i> , to <i>13 Jan, 1955</i> , that I last saw the deceased alive on <i>8 Jan, 1955</i> , and that death occurred at <i>8:10 a.m.</i> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <i>J. D. Popper</i> (Degree or title) <i>O. M. D.</i> | | | | 23b. ADDRESS <i>02 ARK, MO</i> | | | 23c. DATE SIGNED <i>15 Jan 55</i> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 24b. DATE <i>Jan. 15, '55</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>McConnell Mem. Cem.</i> | | 24d. LOCATION (City, town, or county) (State) <i>Nixa, Missouri</i> | | | |
| DATE REC'D BY LOCAL REG. <i>Jan. 15 - 1955</i> | | REGISTRAR'S SIGNATURE <i>Oliver Hutter</i> | | | 53 | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>John Dean Harris</i> ADDRESS <i>Clever, Mo.</i> | | |

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.....
Signature of Student Embalmer

Signed..... *John Alan Harris*

Licensed Embalmer No. *4390*

P. O. Address *Clever, 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.