

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26589

State File No.

765

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 200 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admision). a. STATE <u>Mo</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Springfield Mo</u>)		c. LENGTH OF STAY (in this place) township) <u>3 1/2 days</u>	c. CITY OR TOWN <u>Rural</u> 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 <u>Burge Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Nixa Mo. Porter Twns.</u> <i>0221</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Lenzy</u>	c. (Last) <u>McConnell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 18 1956</u>
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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>June 30-1876</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John McConnell</u>	13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Pearl McConnell</u>
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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) _____	16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. McConnell, Nixa, Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	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. <u>Generalized arteriosclerosis</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>491X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Aug 10, 1956, to Aug 18, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30A., from the causes and on the date stated above.

23a. SIGNATURE <u>Dean Cunningham, M.D.</u> (Degree or title)	23b. ADDRESS <u>Springfield, Mo</u>	23c. DATE SIGNED <u>8-21-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 20-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Payne</u>	24d. LOCATION (City, town, or county) (State) <u>Christian Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-21-56</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. B. Chaffin Ozark Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 26 1957

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... *T. R. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address... *Oriskany*

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.