

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13319

STATE FILE NUMBER

FILED MAY 1 - 1957

Registration District No. 149

Primary Registration District No. 1007

Registrar's No. 1701

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes# No□		- c. CITY Kansas City OR TOWN Kansas City		Inside Limits Yes# No□	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Research Hosp.				Length of stay in 1b 50 Yrs.		d. STREET ADDRESS (If outside, give location) 223 E. 34 Th. Terr.	
3. NAME OF DECEASED (Type or print) May O, Connell				4. DATE OF DEATH April 11, 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 10, 1883		9. AGE (In years last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Principal		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Slater Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Thomas J. O'Connell				14. MOTHER'S MAIDEN NAME Mary A. Kelly			
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 Address Alice O'Connell 223 E. 34 th. Terr.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 5 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Hypertension & sclerosis		DUE TO (c)		331X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour 8:30 Month, Day, Year Apr. 11, 1957							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1947 , to Apr. 11, 1957 and last saw her/him alive on April 11-57 Death occurred at 8:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert C. Davis (Degree or title) M. D.				22b. ADDRESS 870 prof Bldg		22c. DATE SIGNED 4/12/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/13, 1957	23c. NAME OF CEMETERY OR CREMATORY Slater Cemetery		23d. LOCATION (City, town, or county) Slater Mo.		(State)
24. FUNERAL DIRECTOR ADDRESS Stine & McClure K. O. Mo.				25. DATE RECD. BY LOCAL REG. 4-12-57		26. REGISTRAR'S SIGNATURE Neval Minshall	

Ma. 1-2892



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..... *J. S. Walton*

Licensed Embalmer No. 274

P. O. Address *R. C. M.*

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.