

Health,  
& Welfare  
Public  
Service

FILED APR 29 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13728  
STATE FILE NUMBER

Registration District No. 166 Primary Registration District No. 5683 Registrar's No. 11

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Montserrat Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Montserrat Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RFD 1, Knobnoster</b>			Length of stay in 1b <b>18 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>RFD 1, Knobnoster</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Edward</b> Middle <b>James</b> Last <b>McConville</b>				4. DATE OF DEATH Month <b>April</b> Day <b>17</b> Year <b>1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb. 12, 1877</b>		9. AGE (In years last birthday) <b>80</b> IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Livestock</b>		11. BIRTHPLACE (City and state or country) <b>Johnson County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Martha Smith McConville</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>			16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>Johnson County Welfare Records</b>			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Myocarditis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Generalized Arteriosclerosis</b>						<b>?</b>	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4221</b>							
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 _____ a.m. _____ p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 death occurred at <b>VIEW INQUEST HELD BY JOHNSON COUNTY CORONER</b> to <b>DECEASED FOUND DEAD AT HOME.</b> I gave _____ from the causes stated.							
22a: SIGNATURE <b>Wm. R. Patterson</b>			(Degree or title) <b>County Health Officer</b>		22b. ADDRESS <b>Mo. 130 E. Gay, Warrensburg</b>		22c. DATE SIGNED <b>4-24-1957</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>24 Apr 57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>		23d. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>		
24. FUNERAL DIRECTOR <b>Sweeney-Phillips, Warrensburg, Mo.</b>				ADDRESS <b>4/24/57</b>	25. DATE RECD. BY LOCAL REG. <b>4/24/57</b>		26. REGISTRAR'S SIGNATURE <b>Erma L. Beatty</b>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

149  
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STATEMENT BY LICENSED EMBALMER

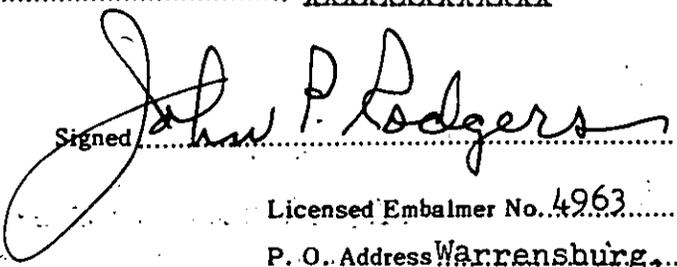
NOT

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed.

~~XXXXXX~~..... ~~Student Embalmer No.~~.....

~~XXXXXX UNDER MY PERSONAL SUPERVISION~~

Student .....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4963.....

P. O. Address Warrensburg, Miss

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.