

Health, Public Service

FILED JUL 29 1957

STANDARD CERTIFICATE OF DEATH

24142

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 725-D

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield 0396 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Ruffin Rest Home		Length of stay in 1b 6 yrs.	d. STREET ADDRESS (If outside, give location) 519 Cherry Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last FELICIA REBECCA CONNESS			4. DATE OF DEATH Month Day Year July 16, 1957		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 12, 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	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) Practical Nurse	10b. KIND OF BUSINESS OR INDUSTRY Nurse	11. BIRTHPLACE (City and state or country) Gravette, Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Handsby	13b. MOTHER'S MAIDEN NAME Sarah E. Dawson	14. NAME OF HUSBAND OR WIFE Deceased
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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. Unknown	17. INFORMANT Information obtained from Address deceased when she made pre-arrangements for her funeral.
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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 Accident		INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive Heart Disease	6-8 years
	DUE TO (c) Arteriosclerosis generalised	6-8 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 44.3X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from Mar, 1957 to July 16, 1957 and last saw her alive on 7-16-57 Death occurred at 9:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. L. Gentry M.D. (Degree or title)	22b. ADDRESS Medical Bldg, Spfld, Mo	22c. DATE SIGNED 7-23-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 23, 1957	23c. NAME OF CEMETERY OR CREMATORY Eastlawn	23d. LOCATION (City, town, or county) (State) Springfield, Mo
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24. FUNERAL DIRECTOR Ralph Thieme ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 7-26-57	26. REGISTRAR'S SIGNATURE Edith Williams
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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574

Greene No. Springfield
 x x
 x x
 1927 July 16, 1927
 FLORENCE CONNORS
 Female White x
 Practical Nurse Nurse Gravette, Ark. U.S.A.
 William Hendrick Sarah E. Dawson
 no

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 *Lee Mason*

July 16, 1927

Licensed Embalmer No. 4568
 P. O. Address Springfield, 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.

Ralph Thorne Springfield, Mo.