Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-017548
STATE FILE NUMBER

FILED MAY 21 1958

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville
Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hosp.
Length of stay in Hospital 13 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson 0510
c. CITY OR TOWN Kingsville, Mo
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Kingsville Twp
Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First DANIEL Middle K. Last CONNELL

4. DATE OF DEATH Month MAY Day 8 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Nov 29 1881
9. AGE (In years last birthday) 76
IF UNDER 1 YEAR: Months 5 Days 9 Hours Min.
IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Kingsville Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Dennis Connell
13b. MOTHER'S MAIDEN NAME Bridget Kane
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs M Connell Address Kingsville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovascular accident, left hemiplegia — INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Malignant Hypertension — Unknown
DUE TO (c) 445X
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? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4-28-58, to 5-9-58 and last saw her/him alive on 5-9-58
Death occurred at 9:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A W Eklund (Degree or title) MD
22b. ADDRESS Pleasant Hill, Mo
22c. DATE SIGNED 5-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 13 1958
23c. NAME OF CEMETERY OR CREMATORY Mount Hill Cemetery
23d. LOCATION (City, town, or county) Pleasant Hill (State) Mo

24. FUNERAL DIRECTOR Crumley & Rapp ADDRESS Holden Mo
25. DATE RECD. BY LOCAL REG. May 14, 1958
26. REGISTRAR'S SIGNATURE Dora Barnard

(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.

RECEIVED
MAY 19 1958
CASS COUNTY
HEALTH DEPARTMENT

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 M. L. Crowley

Licensed Embalmer No. 3434

P. O. Address Holden, 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.