

t. Health,
& Welfare
s. Public
h Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032824

STATE FILE NUMBER

FILED SEP 24 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4160

5. 300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN OLA THE 815 th 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. HOSPITAL		Length of stay in lb 37 days	d. STREET ADDRESS (If outside, give location) 132 NO. BUCHANAN
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Harvey L. McConnell			4. DATE OF DEATH Month Day Year 8th 31st 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-14-94	9. AGE (In years last birthday) 63 yrs	10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Johnson County, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME George B. McConnell	13b. MOTHER'S MAIDEN NAME Capitola Swift	14. NAME OF HUSBAND OR WIFE Katie McConnell
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWI	16. SOCIAL SECURITY NO. 612-07-8295	17. INFORMANT V.A. Hospital Records, K.C., Mo. Address
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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) Multiple infarcts of both lungs		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) Healed anterior septal myocardial infarct with mural thrombi of both ventricles	
PART II. OTHER SIGNIFICANT CONDITIONS (Enter only those conditions given in PART I (a)) mural thrombi of both ventricles		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.	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
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21. attended the deceased from July 25, 1958 to August 31, 1958 Death occurred at 10:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE G. Foroughi MD	22b. ADDRESS V.A. Hospital, K.C., Mo	22c. DATE SIGNED 8-31-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-31-58	23c. NAME OF CEMETERY OR CREMATORY Olathe Lawn Memorial Park Olathe KS	23d. LOCATION (City, town, or county) (State) Olathe KS
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24. FUNERAL DIRECTOR Walter W. Type Olathe KS	25. DATE RECD. BY LOCAL REG. 9-1-58	26. REGISTRAR'S SIGNATURE Neva Marshall
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

E. Foroughi

MEDICAL CERTIFICATION



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 Marston W. Frye, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Marston W. Frye

Licensed Embalmer No. 3615
P. O. Address Charlotte, N.C.

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.