

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039324

STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 354

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Unknown Mo. b. COUNTY Cole Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Jefferson City Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Unknown Holden Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Prison Hospital		d. STREET ADDRESS (If outside, give location) 401 Olive Street	
Length of stay in 1b 16 yrs.		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Warren Unknown McConville			4. DATE OF DEATH Month Day Year December 10, 1958		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Jan. 21, 1921	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Unknown Kirksville, Mo.	
13. FATHER'S NAME John McConville, Sr.			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Mo. State Penitentiary	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Septicemia</i> <i>Peritonitis & Bowel resection</i> <i>that wound in stomach</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Septicemia</i> DUE TO (c) <i>that wound in stomach</i>			INTERVAL BETWEEN ONSET AND DEATH 1 day 2 days 8 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <i>Shock - early & late</i>					

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.) <i>982x (P) [Signature]</i>		
20c. TIME OF INJURY Hour a. m. Month, Day, Year 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	

21. I attended the deceased from 11/29/58 to 12/10/58 and last saw her/him alive on 12/9/58 Death occurred at 9:25 am m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>[Signature]</i>			22b. ADDRESS Mo. State Penitentiary Jefferson City, Mo.		22c. DATE SIGNED 12/10/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-12-58	23c. NAME OF CEMETERY OR CREMATORY Kirksville College of Ost. Kirksville, Missouri		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS Thorpe J Gordon, Jefferson City, Mo			25. DATE RECD. BY LOCAL REG. 12 Dec 1958		26. REGISTRAR'S SIGNATURE R.P. Norris, M.D. MR

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
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 symptoms will be listed. All
 Cerener cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 reasons in Part I must be causally related.

DEC 7 5 1958

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 *Joseph J. Green*

Licensed Embalmer No. *13*
P. O. Address *Jefferson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.