

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009530

STATE FILE NUMBER

FILED MAR 19 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1049

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
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 Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Theresa Nursing Home		Length of stay in 1b 60 Yrs.	d. STREET ADDRESS (If outside, give location) 3940 Mc Gee		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ARTHUR Middle W. Last MC CONNELL			4. DATE OF DEATH Month Feb. Day 24, Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10-6-1887		9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired- Inspector Armour & Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME William Mc Connell		13b. MOTHER'S MAIDEN NAME Anna Davis		14. NAME OF HUSBAND OR WIFE Ann Mc Connell	
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. 57D-05-2060	17. INFORMANT Mrs. Melva Hoelzel		Address K. C. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Senescent Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) C.V.A. ± 1+ some paroxysms - 2 yrs before.					INTERVAL BETWEEN ONSET AND DEATH 1 week 1 week 6 yrs.
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.) 4271			
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
21. I attended the deceased from 16 Feb. 59 to 24 Feb. 59 and last saw her alive on 22 Feb 59 Death occurred at 7 pm - 24 Feb. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dr. Fred C. Coulter M.D.			22b. ADDRESS 9000 Baltimore K.C. Mo.		22c. DATE SIGNED 24 Feb 59
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23b. DATE 2-25-59	23c. NAME OF CEMETERY OR CREMATORY Green Lawn		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR Freeman Mortuary		ADDRESS K. C. Mo.	25. DATE RECD. BY LOCAL REG. 2-25-59		26. REGISTRAR'S SIGNATURE Melva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Biford T. Casebolt USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Local, coroner, etc. must use only standard nomenclature in item 18. No symptoms with be listed. All diseases in Part I must be causally related.

Faint, mostly illegible text at the top of the page, possibly containing a date and other identifying information.

The body is to be placed in the casket

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 *J. P. Freeman*

Licensed Embalmer No. *1939*
P. O. Address *F. O. 240*

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.