

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014547

STATE FILE NUMBER

Registration District No. 242 Primary Registration District No. 4362 Registrar's No. 5

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

**FILED MAY 8 1961**

1. PLACE OF DEATH  
 a. COUNTY New Madrid

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. Missouri b. COUNTY New Madrid

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morehouse Length of stay in lb 30 yrs

c. CITY OR TOWN Morehouse Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First John Middle Sidney Last Connelly

4. DATE OF DEATH Month April Day 20 Year 1961

5. SEX male 6. COLOR OR RACE cauc 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 5/26/1876 9. AGE (last birthday) 84

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bookkeeper 10b. KIND OF BUSINESS OR INDUSTRY Morehouse Gin Co. 11. BIRTHPLACE (City and state or country) Poplar Grove, Ark 12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Address West Helena, Charles Warfield, Sr. Arkansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 5 minutes  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_ PART-III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

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 4-15-61 to 4-20-61 and last saw him alive on 4-20-61  
 Death occurred at 7:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Am. Dorso, M.D. (Degree or title) 22b. ADDRESS Morehouse Mo. 22c. DATE SIGNED 4-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify) cremation 23b. DATE April 22 61 23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR Watkins & Sons Morehouse, Mo ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 4-25-61 26. REGISTRAR'S SIGNATURE Mathew L. M. Bain

JUN 2 1961

**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 Paul M. Watkins

Licensed Embalmer No. 4964

P. O. Address Reisterstown

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.