

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029181

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3854

STATE FILE NUMBER

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

FILED AUG 25 1961

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY MONTGOMERY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 8 MONTHS	c. CITY OR TOWN CANEY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST LUKES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 601 EAST 4th
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MABEL Middle CLAIRE Last CONNELLY	4. DATE OF DEATH Month AUGUST Day 2 Year 1961
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5. SEX FEMALE	6. COLOR OR RACE CAUC.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-17-85	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) HAVANA, KANSAS	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME DR. T.A. STEVENS	13b. MOTHER'S MAIDEN NAME LOUELLA SAMS	14. NAME OF HUSBAND OR WIFE GEORGE WALTER CONNELLY
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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.	17. INFORMANT Address MRS. EARLE WALLINGFORD, OLATHE, KANSAS
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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) <i>Carcinoma of uterus</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 years</i>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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. I attended the deceased from *1960* to *8-2-61* and last saw her alive on *Aug 2, 1961*  
Death occurred at *4:00* A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>M. J. Berry M.D.</i>	(Degree or title)	22b. ADDRESS <i>315 Nichols Rd. Kanawha City, 12 Mo</i>	22c. DATE SIGNED <i>Aug 2 '61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 8/2/61	23c. NAME OF CEMETERY OR CREMATORY SUNNYSIDE CEMETERY	23d. LOCATION (City, town, or county) (State) CANEY KANSAS
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24. FUNERAL DIRECTOR JULIEN FLAMING FUNERAL HOME OLATHE, KANSAS	25. DATE RECD. BY LOCAL REG. <i>8-3-61</i>	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

G. Berry

1080  
SEP 29 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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.