

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000809

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 52

STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

FILED FEB 5 1962

1. PLACE OF DEATH
a. COUNTY COLE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARYS HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY COLE
c. CITY OR TOWN JEFFERSON CITY Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) RR 2 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
KATHERINE CONNELL 2-1-62

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7-20-79 9. AGE (last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) OSAGE CITY Mo 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME JOHN MELCHER 13b. MOTHER'S MAIDEN NAME NO RECORD 14. NAME OF HUSBAND OR WIFE JOHN 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. ✓ 17. INFORMANT EZRA CONNELL Address JEFFERSON CITY 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) Chronic Brain Syndrome INTERVAL BETWEEN ONSET AND DEATH 2 wks
Conditions, if any, which gave rise to above cause: (a) Cirrhosis liver 1 year
stating the underlying cause last. DUE TO (b) Gen arteriosclerosis & heart disease 1 year
DUE TO (c) Gen arteriosclerosis & heart disease 1 year
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 a.m. Month, Day, Year
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 3/11/61 to 2/1/62 and last saw her alive on 2/1/62
Death occurred at 12:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) N Kanagawa MD 22b. ADDRESS 5-15 E. High 22c. DATE SIGNED 2/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 2-4-62 23c. NAME OF CEMETERY OR CREMATORY ENLOE 23d. LOCATION (City, town, or county) (State) Russellville Mo

24. FUNERAL DIRECTOR Steffens Funeral ADDRESS 2 February 1962 RR 2 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE David M Richter

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 *[Handwritten Signature]*

Licensed Embalmer No. 2307

P. O. Address Russellville

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.