

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025737

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1210

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 13 1962

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield,</u> Length of stay in 1b <u>35 years</u> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mercy Villa</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> c. CITY OR TOWN <u>Springfield,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>704 Cherry</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>ROSE</u> Middle <u>ELLA</u> Last <u>McCONNELL</u> | | 4. DATE OF DEATH Month <u>August</u> Day <u>7,</u> Year <u>1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>October 11, 1881</u> |
| 9. AGE (last birthday) <u>80</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 11. BIRTHPLACE (City and state or country) <u>Greenfield, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>John E. Scroggs</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Rosanna V. McConnell</u> | | 14. NAME OF HUSBAND OR WIFE <u>Thomas K. McConnell</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT <u>Mrs. Virginia Shouse</u> | | Address <u>Springfield, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u> DUE TO (b) <u>Arteriosclerosis with old myocardial infarction.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Unresolved pneumonia right</u> | | | 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 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.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month; Day, Year. | 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 <u>2-11-53</u> date to <u>8-7-62</u> date and last saw him/her alive on <u>8-7-62</u> date. Death occurred <u>1:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Doctor or title) | | 22b. ADDRESS <u>410 Woodruff Bldg, Spfd, Mo.</u> | |
| 22c. DATE SIGNED <u>8-8-62</u> | | 23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> | |
| 23b. DATE <u>Aug. 9, 1962</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Greenfield</u> | |
| 23d. LOCATION (City, town, or county) (State) <u>Greenfield, Missouri</u> | | 24. FUNERAL DIRECTOR ADDRESS <u>Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>8-9-62</u> | | 26. REGISTRAR'S SIGNATURE | |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Fred Schweitzer, M.D.
USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59
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Dr. Schweitzer

Permit 8-8-62

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 *Louis Schupp*

Licensed Embalmer No. 3802

P. O. Address Springfield, Mo.

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.