

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-046384

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 20 1962

Registration District No. 098

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

16

VS 300  
Rev. 4/59

10310

25117

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1290-2

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>DAVIESS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BUCHANAN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GALLATIN</u>		Length of stay in lb <u>1 yr</u>	c. CITY OR TOWN <u>ST. JOSEPH</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>UNKNOWN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ERNEST CECIL McCONNELL</u>		4. DATE OF DEATH Month Day Year <u>Dec. 15-1962</u>	
5. SEX <u>MALE</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>4/1/1881</u>
9. AGE (last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOOTLEHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MO. Pac. RR.</u>	11. BIRTHPLACE (City, and state or country) <u>IOWA</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>DAVID McCONNELL</u>	
13b. MOTHER'S MAIDEN NAME <u>INDIANA FRANCIS</u>		14. NAME OF HUSBAND OR WIFE <u>JOSE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT Address <u>MRS RAYMOND STOCK, GALLATIN, 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>Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertension, arterial Sclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Cardiac enlargement, nephritis</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>48 hr</u> <u>3 yr</u> <u>3 yr</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I(a) <u>bad senile dementia, decubitus ulcers</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>Nov 1/62</u> to <u>Dec 15-62</u> and last saw <sup>her</sup> <sub>him</sub> live on <u>Dec 14-62</u> Death occurred at <u>6 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H. Stanley D.D.</u>		22b. ADDRESS <u>Gallatin Mo.</u>	22c. DATE SIGNED <u>Dec 19/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	23b. DATE <u>12-15-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Omaha, Nebr.</u>	23d. LOCATION (City, town, or county) (State) <u>Omaha Neb</u>
24. FUNERAL DIRECTOR ADDRESS <u>Hester-Bowman, St Joseph, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>20 Dec, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Vernon M Engelhart</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

JAN 2 1963

JAN 9 1963

JAN 31 1963

Permit Renewed 12-15-62 (72)

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Joseph, 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.