

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11354

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>427</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Faucett</u>		0 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Frances</u>		c. (Last) <u>Connett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 1, 1867</u>	
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>*** **</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John B. Huber</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kuchele</u>		14. NAME OF HUSBAND OR WIFE <u>S. L. Connett</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs. Lucille Boteler 2511 Faraon St. St. Joseph, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock secondary to surgery for fracture neck of left femur</u> DUE TO (b) <u>Fracture neck of left femur</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>2 wks.</u> <u>40</u> <u>6 wks.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Fracture neck of left femur</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph, Buchanan, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 31, 1949</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell at home</u>			
22. I hereby certify that I attended the deceased from <u>4-5</u> , 19 <u>49</u> , to <u>4-14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-14</u> , 19 <u>49</u> , and that death occurred at <u>12:05 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deed or title) <u>[Signature]</u>				23b. ADDRESS <u>706 Francis St. Joseph Mo.</u>		23c. DATE SIGNED <u>4-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 16, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Apr 19, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>382</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>1946 Colhoun St. St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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, of By*****

***** ** ***** ****

Student Embalmer No. *****

working under my personal supervision.

***** **

Student
Student Embalmer

Signed

Albert C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address. St. Joseph, Missouri.

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 this body is not embalmed, fact should be so stated above.