

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5794

FILED MAR 11 1952

State File No. 18
Registrar's No. 18

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <i>Moniteau</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <i>California</i> OR TOWN | | c. CITY (If outside corporate limits, write RURAL and give township) <i>California</i> 1687 OR TOWN | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Oak</i> | | d. STREET ADDRESS (If rural, give location) <i>South Oak St</i> | |

3. NAME OF DECEASED (Type or Print) *GEORGE THOMAS CONNELL*

a. (First) b. (Middle) c. (Last)

4. DATE OF DEATH *MAR 6-52*
(Month) (Day) (Year)

5. SEX *Male* 6. COLOR OR RACE *white* 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) *Widowed*

8. DATE OF BIRTH *MAR. 31-1861* 9. AGE (In years last birthday) *90*

If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Ret. Farmer*

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) *Russellville Mo*

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME *J. K. Connell* 13b. MOTHER'S MAIDEN NAME *Melvina McDouth* 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Carcinoma (metastatic)*

ANTECEDENT CAUSES DUE TO (b) *Carcinoma of lip.*

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) *California Moniteau MO*

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *June 1, 1945* to *MAR 6, 1952*, that I last saw the deceased alive on *MAR 5, 1952*, and that death occurred at *10:5 m.*, from the causes and on the date stated above.

23a. SIGNATURE *D. A. Baines* (Degree or title) *D.O.* 23b. ADDRESS *California* 23c. DATE SIGNED *3/7/52*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24b. DATE *3-9-52* 24c. NAME OF CEMETERY OR CREMATORY *MT. CARMEL* 24d. LOCATION (City, town, or county) (State) *Russellville MO*

DATE REC'D BY LOCAL REG. *3/9/52* REGISTRAR'S SIGNATURE *H.R. Popejoy* 25. FUNERAL DIRECTOR'S SIGNATURE *W. Stephens* ADDRESS *Russellville MO*

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed *J. M. Steffens*

Licensed Embalmer No. *2307*

P. O. Address *Russellville 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 this body is not embalmed, fact should be so stated above.