

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **42147**
 Registrar's No. **55**

DEC 22 1952

BIRTH NO. _____ REG. DIST. NO. **144** PRIMARY REG. DIST. NO. **4234**

0470

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

1. PLACE OF DEATH a. COUNTY IRON b. CITY OR TOWN TRANTON c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPT.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY WAYNE c. CITY OR TOWN PIEDMONT d. STREET ADDRESS (If rural, give location) 1110		
3. NAME OF DECEASED (Type or Print) JAMES SYLVANUS CONNELLY a. (First) JAMES b. (Middle) SYLVANUS c. (Last) CONNELLY		4. DATE OF DEATH (Month) (Day) (Year) 12 - 14 - 52			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 12, 1898		
9. AGE (In years last birthday) 54 19		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORESTER		10b. KIND OF BUSINESS OR INDUSTRY FOREST SERVICE	
11. BIRTHPLACE (City and State or Foreign Country) SEYMOUR IND.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME CHARLES CONNELLY		13b. MOTHER'S MAIDEN NAME NETTIE A. SWALLY		14. NAME OF HUSBAND OR WIFE BEULAH DUNCAN CONNELLY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Beulah Duncan Connelly	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Myocarditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Nov 7, 1952, to Dec 11, 1952, that I last saw the deceased alive on Dec 12, 1952, and that death occurred at 3:00 a.m., from the causes and on the date stated above.					
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS Tranton Mo.		23c. DATE SIGNED 12-12-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-13-52	24c. NAME OF CEMETERY OR CREMATORY MASONIC		
24d. LOCATION (City, town, or county) (State) PIEDMONT MO		25. FUNERAL DIRECTOR'S SIGNATURE Harmon W. Gish			
DATE REC'D BY LOCAL REG. 12-13-52		REGISTRAR'S SIGNATURE Mrs. Aris Jones		ADDRESS Piedmont	

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *Marvin E. Bowler*

Licensed Embalmer No. *4476*

P. O. Address *Pretoria, Va*

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.