

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42047**

FILED DEC 22 1953

BIRTH NO. _____		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 3005		Registrar's No. 119	
1. PLACE OF DEATH a. COUNTY BATES				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY BATES			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUTLER Mo		c. LENGTH OF STAY (In this place) 1 Da.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUTLER Mo. 0071			
d. FULL NAME OF HOSPITAL OR INSTITUTION BUTLER MEMORIAL HOSP.				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) RINDA b. (Middle) Sue c. (Last) McConnell			4. DATE OF DEATH (Month) (Day) (Year) Dec 16-53				
5. SEX F	6. COLOR OR RACE W	7. WAS EVER NEVER MARRIED. 0 (Specify)	8. DATE OF BIRTH Dec 16-53		9. AGE (In years last birthday) 1 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 6 MRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BUTLER Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Edward McConnell			13b. MOTHER'S MAIDEN NAME Wilma Johnson		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONB		17. INFORMANT'S SIGNATURE OR NAME Edward McConnell			ADDRESS Appleton City, Mo.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) congenital development 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 <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) 7544			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 12-16, 1953 , to 12-16, 1953 , that I last saw the deceased alive on 12-16, 1953 , and that death occurred at 10⁵⁵pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. L. Johnson M.D.				23b. ADDRESS Butler Mo		23c. DATE SIGNED 12-17-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-16-53	24c. NAME OF CEMETERY OR CREMATORY Appleton City		24d. LOCATION (City, town, or county) (State) Appleton City, Mo.		
DATE REC'D BY LOCAL REG. Dec 17-53		REGISTRAR'S SIGNATURE Randall Roney		17- 0		25. FUNERAL DIRECTOR'S SIGNATURE Oscar Eckhoff	
				ADDRESS Appleton City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Oscar Eckloff

Licensed Embalmer No. 3942

P. O. Address Appleton City, W.

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.