

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18511

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 4183 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pacific		c. CITY OR TOWN Pacific	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1st and Osage		e. STREET ADDRESS (If rural, give location) 1st and Osage 0.56°	
3. NAME OF DECEASED (Type or Print) Kate O'Connell		a. (First) Kate	b. (Middle) O'Connell
c. (Last) O'Connell		4. DATE OF DEATH (Month) (Day) (Year) MAY 24 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH Aug. 2, 1883
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk (retired)	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Daniel O'Connell		13b. MOTHER'S MAIDEN NAME Kathrine McNamee	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Muhammad Daily ADDRESS Curka, 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) See Amyloid degeneration of Kidneys ANTECEDENT CAUSES Chronic osteomyelitis + emphysema + ulceration of arteries Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic osteomyelitis DUE TO (c) ht leg, below knee at foot II. OTHER SIGNIFICANT CONDITIONS hypertension + hypertension. 4 days Conditions contributing to the death but not related to the disease or condition causing death Generalized arteriosclerosis	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION STAGNANT bly due to advance arteriosclerosis	
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) 7301	
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 Sept 19 37 , to May 24 , 1954, that I last saw the deceased alive on May 24 , 1954, and that death occurred at 9 15 pm. , from the causes and on the date stated above.	
23a. SIGNATURE Stoeker (Degree or title) MD		23b. ADDRESS Pacific Mo	
23c. DATE SIGNED 5/26/54		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE May 28 1954		24c. NAME OF CEMETERY OR CREMATORY Rock Church Cem.	
24d. LOCATION (City, town, or county) (State) La. Tawissia Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Geo. L. Huber ADDRESS Pacific, Mo.	
DATE REC'D BY LOCAL REG. May 28 - 54		REGISTRAR'S SIGNATURE Mary B. Gross 94-	

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.....
Signature of Student Embalmer

Signed *J. L. Fisher*.....

Licensed Embalmer No. *300*.....

P. O. Address *Pacific*.....

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.