

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23787**

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BIRTH NO. _____		REG. DIST. NO. <b>241</b>		PRIMARY REG. DIST. NO. <b>4359</b>		Registrar's No. <b>15</b>	
1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>New Madrid</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pt Pleasant</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>Pt. Pleasant Mo</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) _____ <b>0720</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b>			b. (Middle) <b>Tyler</b>		c. (Last) <b>CONNELLY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 7 1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>March 12, 1874</b>		9. AGE (In years last birthday) <b>80</b>	10. MONTHS <b>3</b>	11. DAYS <b>30</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Bob Connolly</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Everett</b>		14. NAME OF HUSBAND OR WIFE <b>Hattie Baynes Connolly</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Maggie Lane</b> ADDRESS <b>Pt Pleasant Mo</b>			
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) <b>No. Medical attendant</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cause of death Unknown</b>  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 _____ <b>7955</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Ed Kilgus, Coroner</b>				23b. ADDRESS <b>New Madrid, Mo</b>		23c. DATE SIGNED <b>July 8, 54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 11, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Potagerville</b>		24d. LOCATION (City, town, or county) (State) <b>Potagerville, Mo</b>	
DATE REC'D BY LOCAL REG. <b>7-11-54</b>		REGISTRAR'S SIGNATURE <b>Ellen McLeis</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ed Lusk</b>		ADDRESS <b>Potagerville</b>	

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Joseph A. DeFazio*  
Licensed Embalmer No. ....  
P. O. Address.....  
*4481*  
*Porterville*

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.