

FILED NOV 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37942**

BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY LINN			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY LINN		
b. CITY OR TOWN MARCELINE		c. LENGTH OF STAY (In this place) 3 Mos 11 Days	c. CITY OR TOWN MARCELINE		05-81
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSP			d. STREET ADDRESS (If rural, give location) 295 W. WALKER		
3. NAME OF DECEASED (Type or Print) a. (First) PATRICK		b. (Middle) LAWRENCE	c. (Last) CONNELLY	4. DATE OF DEATH (Month) (Day) (Year) 10-26-54	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NOT MARRIED	8. DATE OF BIRTH 2-10-1880	9. AGE (In years last birthday) 74	10. MONTHS 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILWAY CONDUCTOR	10b. KIND OF BUSINESS OR INDUSTRY RAIL ROAD	11. BIRTHPLACE (City and State or Foreign Country) BUCKLIN, MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JAMES CONNELLY		13b. MOTHER'S MAIDEN NAME CATHERINE DONNELLY		14. NAME OF HUSBAND OR WIFE CONNELLY	
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 Anna Connelly ADDRESS _____		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis Progressive INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES DUE TO (b) Fracture Rt. Humerus DUE TO (c) Pneumonia, Bronchial II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart & Stroke Sore		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 058		
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 10-28, 1954 to 10-26, 1954 , that I last saw the deceased alive on 10-20, 1954 and that death occurred at 10:25 AM , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Marceline M. ...			23b. ADDRESS Marceline M. ...		23c. DATE SIGNED 10-28-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-29-54	24c. NAME OF CEMETERY OR CREMATORY MT. KILLARD		24d. LOCATION (City, town, or county) (State) MARCELINE, MO	
DATE REC'D BY LOCAL REG. 10-28-54		REGISTRAR'S SIGNATURE M. J. ...		25. FUNERAL DIRECTOR'S SIGNATURE Yes M. ... ADDRESS Marceline, MO	

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

JAN 30 1958

FEB 28 1958

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 George R. Hammell

Licensed Embalmer No. 4425

P. O. Address Marine, 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.