

FILED JUL 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. 20451

Registrar's No. 2571

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (In this place) <u>3 WKS</u>		c. CITY OR TOWN <u>Halden</u> 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 <u>St Joseph Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Market at 2nd Sts!</u>	

3. NAME OF DECEASED (Type or Print) <u>KATHERINE AGNES CONNELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 10 1956</u>
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5. SEX <u>F.</u> 6. COLOR OR RACE <u>W.</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>OCT 10 1880</u>	9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>0</u> IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Waversburg, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Cornelius Braman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Braman</u>	14. NAME OF HUSBAND OR WIFE <u>Maurice Connell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>M A Connell</u> ADDRESS <u>Halden Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Gall Bladder</u>		155 ^{1/2} hrs
	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anterior Myocardial Infarct.</u> DUE TO (c) <u>Reduced Colic Fistula.</u>		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <u>Debility -</u>		

19a. DATE OF OPERATION <u>June 1/56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Gall Bladder</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) <u>Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	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 June 1, 1956, to June 10, 1956, that I last saw the deceased alive on June 9, 1956, and that death occurred at 6 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. L. Gentry</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>324 E 11 St. - ICC Mo</u>	23c. DATE SIGNED <u>6/11/56</u>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>June 13 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Elmnet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Halden, Mo</u>
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DATE REC'D BY LOCAL REG <u>6-12-56</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Caraway & Ross</u> ADDRESS <u>Halden Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 24 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
Signature of Student Embalmer

Signed *M. J. Canaday*
Licensed Embalmer No. *39*
P. O. Address *Healdsburg*

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.