FILED AUG 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24470

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3563

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION 3231 PROSPECT AVE HAZELWOOD NURSING HOME — Length of stay in Hospital 6 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
d. STREET ADDRESS 2541 PROSPECT AVE. (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First CORA Middle BELL Last CONNOLLY
4. DATE OF DEATH: Month JULY Day 29 Year 1957
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: OCT-10-1877
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: ...
11. BIRTHPLACE (City and state or country): JOHNSON COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: BURTON W. McFERRIN
14. MOTHER'S MAIDEN NAME: NANCY OLIVA WALL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Mrs. Mary Jenkins Address: 3119 Troffing

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — 3 years
DUE TO (c) — 332.4
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1, 1955, to July 29, 1957 and last saw her alive on July 29, 1957
Death occurred at 9:45 A. m on the date stated above; and to the best of my knowledge from the causes stated.
22a. SIGNATURE John K. Caldwell (Degree or title) MD
22b. ADDRESS Kansas City, Mo.
22c. DATE SIGNED 7/29/57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 7-31-57
23c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SON ADDRESS: 1331 Brush Creek K.C. MO.
25. DATE RECD. BY LOCAL REG.: 7-30-57
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

John K. Caldwell, M.D.

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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 en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bernard L. Hor

Licensed Embalmer No. 4

P. O. Address N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.