

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012831

STATE FILE NUMBER

FILED APR 30 1959

Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 14

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| 1. PLACE OF DEATH a. COUNTY DUNKLIN | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MALDEN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN MALDEN 63516 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESIDENCE | | Length of stay in lb 40 Yrs. | d. STREET ADDRESS (If outside, give location) 311 N. EDWARDS ST. |
| 3. NAME OF DECEASED (Type or print) First Middle Last FANNIE BELL CONNELL | | | 4. DATE OF DEATH Month Day Year APRIL 19 1959 |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH AUG. 14, 1882 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK | | 10b. KIND OF BUSINESS OR INDUSTRY HOME WORK | 11. BIRTHPLACE (City and state or country) TIPTONVILLE, TENN. |
| 13a. FATHER'S NAME JOE TAYLOR | | 13b. MOTHER'S MAIDEN NAME LOUISE E. EDWARDS. | 14. NAME OF HUSBAND OR WIFE JAMES L. CONNELL |
| 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. NONE | 17. INFORMANT MARIE CONNELL, 311 N. EDWARDS, MALDEN |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage | | | INTERVAL BETWEEN ONSET AND DEATH 10 mo. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive Vascular Disease. | | | 10 years |
| DUE TO (c) | | | |
| 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 331x | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 _____, to _____ and last saw her alive on _____ Death occurred at 7:45 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Naomi Charman M.D. (Degree or title) | | 22b. ADDRESS Malden, Mo | 22c. DATE SIGNED 4-21-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE APRIL 22, 1959 | 23c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY | 23d. LOCATION (City, town, or county) (State) MALDEN MO. |
| 24. FUNERAL DIRECTOR DAY & KNIGHT, F.H. MALDEN, MO. ADDRESS | | 25. DATE RECD. BY LOCAL REG. 4-23-59 | 26. REGISTRAR'S SIGNATURE J. D. Charman |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. J. Schuman*
Licensed Embalmer No. *4086*

P. O. Address *Malden*

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.