

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025978

FILED JUL 16 1959

Registration District No. 22 Primary Registration District No. 5780 Registrar's No. 18

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eldon</u>		c. CITY OR TOWN <u>Eldon</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. 1</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 1</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>OSCAR</u> Middle <u>HERMAN</u> Last <u>CONNELL</u>			4. DATE OF DEATH <u>July 9, 1959</u> Month <u>July</u> Day <u>9</u> Year <u>1959</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-5-1889</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR 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>Ret. Section Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pacific</u>	11. BIRTHPLACE (City and state or county) <u>Marion, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>John W. Connell</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah E. Dawson</u>	14. NAME OF HUSBAND OR WIFE <u>Lillie May Hoffman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unavailable</u>	17. INFORMANT <u>Mrs. U. H. Connell</u> Address <u>Eldon, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lymphosarcoma</u> DUE TO (b) <u>undetermined</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>about 8 mo.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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 _____
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21. I attended the deceased from <u>Nov 1958</u> to <u>July 9 1959</u> and last saw her alive on <u>July 9 1959</u> Death occurred at <u>10:40 P.M.</u> on the date stated above, and to the best of my knowledge from the causes stated.	
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22a. SIGNATURE <u>E. O. Shelton M.D.</u> (Degree or title)	22b. ADDRESS <u>Eldon, Mo.</u>	22c. DATE SIGNED <u>July 11 1959</u> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-12-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>	23d. LOCATION (City, town, or county) <u>Marion, Missouri</u> (State)
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24. FUNERAL DIRECTOR <u>Louis D. Phillips</u> ADDRESS <u>Eldon</u>	25. DATE RECD. BY LOCAL REG. <u>July 11, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Calveretta Walt</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1959 AUG 5

SEP 9 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Louis D. Phillips

Licensed Embalmer No. 366

P. O. Address Eden

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.