

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029942

FILED VS SEP 14 1960

36

Registration District No. 70 Primary Registration District No. _____ Registrar's No. _____ STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Revere</u>		Length of stay in 1b <u>50 years</u>	c. CITY OR TOWN <u>Revere</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Ona</u> Middle <u>Green M^c</u> Last <u>Connell</u>			4. DATE OF DEATH Month <u>8</u> Day <u>29</u> Year <u>60</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</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>7-24-1874</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Downing, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>John Isaacs</u>		13b. MOTHER'S MAIDEN NAME <u>Kissak Evans</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. J. L. M^cConnell</u>	
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.		17. INVASE <u>Dr. J. L. M^cConnell - Revere, Mo.</u>	

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>Apoplexy, (Cerebral Hemorrhage)</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
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 checked="" 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.)
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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Revere</u>	COUNTY <u>Clark</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>8/27 1960</u> to <u>8/29 1960</u> and last saw her/him alive on <u>8/29-60</u> Death occurred at <u>10 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>J. L. M^cConnell</u> (Degree or title)		22b. ADDRESS <u>Revere, Mo.</u>		22c. DATE SIGNED <u>8/29-60</u>
23a. MANNER OF CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 31, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Revere Cemetery</u>	23d. LOCATION (City, town, or county) <u>Revere</u>	
24. FUNERAL DIRECTOR <u>Alvin J. Tuttle - Revere, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8/5-60</u>	26. REGISTRAR'S SIGNATURE <u>J. L. Bueger</u>	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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 Oliver L. Sutting

Licensed Embalmer No. 2965

P. O. Address _____

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.