

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41870**

FILED DEC 22 1952

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4154** Registrar's No. **95**

0290

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) Greenfield		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN Greenfield 1290	
c. LENGTH OF STAY (in this place) 5 months		d. STREET ADDRESS (If rural, give location) E. College Street 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION E. College Street			

3. NAME OF DECEASED (Type or Print) a. (First) Jonathan b. (Middle) Arthur c. (Last) McConnell			4. DATE OF DEATH (Month) (Day) (Year) Dec. 14 1952		
5. SEX M 0		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec 13, 1885		9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Days - Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Dade County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Jonathan J. McConnell		13b. MOTHER'S MAIDEN NAME Mary Fletcher Thompson		14. NAME OF HUSBAND OR WIFE Mamie A. McConnell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mamie A. McConnell; Greenfield, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 332 x	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **12-8**, 19**52**, to **12-14**, 19**52**, that I last saw the deceased alive on **12-8**, 19**52**, and that death occurred at **6:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. O. Cowan M.D.		23b. ADDRESS Greenfield, Mo.		23c. DATE SIGNED 12/17/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-18-52		24c. NAME OF CEMETERY OR CREMATORY Vaughan Cemetery	
		24d. LOCATION (City, town, or county) (State) Dade Co., Missouri			

DATE REC'D BY LOCAL REG. 12-17-52		REGISTRAR'S SIGNATURE J. C. Canada 478		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. Canada, Greenfield, Mo.	
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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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

J. C. Canada

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, Mo*

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 this body is not embalmed, fact should be so stated above.