

X  
No. 500  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2443**

FILED JAN 28 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **296** PRIMARY REG. DIST. NO. **6019** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Orrick</b>	c. LENGTH OF STAY (in this place) <b>Lifetime</b>	c. CITY OR TOWN <b>Orrick</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>089<sup>0</sup></b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Larry</b>	b. (Middle) <b>Frank</b>	c. (Last) <b>Conyers</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 23 1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Mar. 3, 1937</b>	9. AGE (In years last birthday) <b>20</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <b>Orrick, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Byron S. Conyers</b>	13b. MOTHER'S MAIDEN NAME <b>Minnie Fay Teagarden</b>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO. <b>488-38-7881</b>	17. INFORMANT'S SIGNATURE OR NAME <i>Byron Conyers Orrick Mo.</i>	ADDRESS <b>Orrick Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broken Neck, cerebral compression</b>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>suspected in substance</b>		<b>Suburban</b>
	DUE TO (c) <b>collision with train</b>		
	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? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Country Road</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>2 miles south of Orrick Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan. 23, 1958</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>collision with train 089 with train</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11:17 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>John D. Carl, M.D. Coroner</i>	23b. ADDRESS <b>Richmond Mo.</b>	23c. DATE SIGNED <b>1/25/58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 26, 1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>South Point</b>	24d. LOCATION (City, town, or county) (State) <b>Orrick Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1-25-58</b>	REGISTRAR'S SIGNATURE <i>Helen J. Larkin</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wilbur In Case Arrive Inc.</i>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

272-

NOV 6 1958

APR 30 1958

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 *Charles J. Tyle*.....

Licensed Embalmer No. *453*

P. O. Address *Leberty*.....

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.