

FILED JUL 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18493

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 192	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (In this place) <u>4</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nursing Home # 1</u>				d. STREET ADDRESS (If rural, give location) <u>706-W-Link</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JASPER</u> b. (Middle) <u>N.</u> c. (Last) <u>Conley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 25 1949</u>				
5. SEX <u>MD</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u>		8. DATE OF BIRTH <u>Jan 28, 1875</u>	
9. AGE (In years) (If under 1 year last birthday) Months Days Hours Min. <u>73</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZA CONLEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish American</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eliza Conley Kirkville Mo</u>			
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 I. DISEASE OR CONDITION 'DIRECTLY LEADING TO DEATH' (a) <u>Acute circulatory collapse</u> ANTECEDENT CAUSES <u>metastatic carcinoma of adrenals</u> DUE TO (b) <u>Pronchogenic carcinoma</u> DUE TO (c) <u>metastatic carcinoma of liver, neck, and pericardium</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>neck, and pericardium</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>May June 25, 1949</u> , to <u>June 25, 1949</u> , that I last saw the deceased alive on <u>June 25, 1949</u> , and that death occurred at <u>1:20 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M.T. Gutensohn D.O.</u>				23b. ADDRESS <u>2 Kirkville, Mo</u>		23c. DATE SIGNED <u>6-30-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 27, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stokey Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Millard Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-2-49</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert B. Davis, Kirkville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1  
3  
3

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number 7-49-12

Date Filed JUL 12 1949

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.

Signed Robert B. Davis

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4219

P. O. Address Kirkville, 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.