

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26130

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 902

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Doniphan</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Joseph</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wathena</u>	
c. LENGTH OF STAY <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1415 Main St</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Elnora</u>	c. (Last) <u>Conaway</u>	4. DATE OF DEATH (Month) <u>Aug.</u> (Day) <u>12</u> (Year) <u>1949</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 22, 1877</u>	9. AGE (In years) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work or profession, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jacob Lavering</u>	13b. MOTHER'S MAIDEN NAME <u>Cinderilla Dinning</u>	14. NAME OF HUSBAND OR WIFE <u>Ellis John Conaway</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Conaway, Daughter</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u>		<u>12 hrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Auricular Fibrillation</u>		<u>12 hrs</u>
DUE TO (c) <u>Hypertensive Heart Disease</u>		<u>? yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>443X</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from Aug. 11, 1949, to Aug. 11, 1949, that I last saw the deceased alive on Aug. 12, 1949, and that death occurred at 9:10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert Conaway M.D.</u>	23b. ADDRESS <u>St. Joseph, Missouri</u>	23c. DATE SIGNED <u>Aug. 13, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/12/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dodds Funeral Home</u>	24d. LOCATION (City, town, or county) (State) <u>Wathena, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>Aug. 19, 1949</u>	REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u>	382	25. FUNERAL DIRECTOR'S SIGNATURE <u>John</u>	ADDRESS _____
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

**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 *Emma Clark*.....

Licensed Embalmer No. 4738.....

P. O. Address *St Joseph 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.