

FILED MAR 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7408

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 10

1090
4

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

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Memorial Home		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Eliza b. (Middle) H. c. (Last) Conway			4. DATE OF DEATH (Month) (Day) (Year) Feb 5, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 16, 1865
9. AGE (In years last birthday) 84		10. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Byers		13b. MOTHER'S MAIDEN NAME Susan Day	14. NAME OF HUSBAND OR WIFE John Conway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred Schnurr, Troy, Missouri
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Hypertensive cardio-vascular DUE TO (c) renal failure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Similarity	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) m.		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 8/11/49, 1949, to Feb 3, 1950, that I last saw the deceased alive on Feb 3, 1950, and that death occurred at 9:45 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Harold J. Helbert, M.D.		23b. ADDRESS Warrenton, Mo.	23c. DATE SIGNED Feb 8, 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial #1	24b. DATE Feb. 8, 1950	24c. NAME OF CEMETERY OR CREMATORY Hillcrest	24d. LOCATION (City, town, or county) (State) Fulton, Missouri
DATE REC'D BY LOCAL REG. 2-9-50		REGISTRAR'S SIGNATURE Floyd Logan #21	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wray's Funeral Home, Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 27 1950
District Health Officer No. 9
District Health Officer No. 9

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 Walter J. Haines, Jr.

Licensed Embalmer No. 24 5 57

P. O. Address Fulton, 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.