

FILED JUL 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24109

43

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. _____

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Monteair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | |
| b. CITY OR TOWN <u>California</u> | c. LENGTH OF STAY (in this place) <u>1 yr</u> | c. CITY OR TOWN <u>Blackwater Twp. 0970</u> | d. STREET ADDRESS (If rural, give location) <u>South of Nelson</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Henry's Nursing Home</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>MACKIE RUTH CONWAY</u> | | DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1950</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Jan. 28, 1867</u> |
| 9. AGE (In years last birthday) <u>83</u> | 10. MONTHS <u>5</u> | 10. DAYS <u>16</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>J. C. Fisher</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Crockett</u> | 14. NAME OF HUSBAND OR WIFE <u>Mr. H. S. Conway</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No.</u> | 16. SOCIAL SECURITY NO. <u>_____</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nina Schroeder, Pleasant Hill, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4.500</u> |
| | 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 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) <u>California Monteair Mo</u> | |
| 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 <u>July 7, 1950</u> to <u>July 13, 1950</u> , that I last saw the deceased alive on <u>July 13, 1950</u> and that death occurred at <u>7:30 AM</u> from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>N. J. Demaris, D.O.</u> | | 23b. ADDRESS <u>California</u> | 23c. DATE SIGNED <u>7/14/50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 16, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Salt Fork Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Nelson, Mo</u> |
| DATE REC'D BY LOCAL REG. <u>7-14-50</u> | REGISTRAR'S SIGNATURE <u>H.R. Popovoy</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Painter, Pilot Grove, Mo</u> | |

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

RECEIVED 7-25-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-25-50

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 L. Painter

Signed _____
Student Embalmer

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, MD

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.