

FILED JUN 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19886**

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BIRTH NO.		REG. DIST. NO. <u>138</u>	PRIMARY REG. DIST. NO. <u>2000</u>	Registrar's No. <u>517</u>
1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> <u>1396</u>		
c. LENGTH OF STAY (In this place) <u>9 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2445 North Main</u> <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2445 North Main</u>				
3. NAME OF DECEASED a. (First) <u>Edna</u>		b. (Middle) <u>Conway</u>		c. (Last) <u>Loven</u>
(Type or Print)		4. DATE OF DEATH <u>June 8 1951</u>		(Month) (Day) (Year)
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>July 30 1877</u>	9. AGE (In years last birthday) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</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>Joseph Conway</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Conway</u>		14. NAME OF HUSBAND OR WIFE <u>William D. Loven (DECEASED)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma Kirksey</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia broncho. bilateral</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sev. weeks</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Generalized Arterio-sclerosis</u>		<u>sev. months</u>
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 <u>4/500</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>11-4</u> , 19 <u>50</u> , to <u>6-5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/5</u> , 19 <u>51</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>M. D. Springfield, Mo.</u>		23c. DATE SIGNED <u>6-11-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-10-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn</u>
24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Lohmeyer</u>		
DATE REC'D BY LOCAL REG. <u>6-11-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Springfield</u>

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

EX-102 1957

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed James W. Wair.....

Licensed Embalmer No. 4650.....

P. O. Address Springfield, M.....

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.