

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22093**  
Registrar's No. **727**

No. 300  
10.48

42

1000

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>727</b>		
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>				
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>8 months</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		<b>0117</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>16 Summit Place</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b> b. (Middle) <b>Mary</b> c. (Last) <b>Conway</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 6, 1951</b>					
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>January 15, 1890</b>		9. AGE (In years last birthday) <b>61</b>	# UNDER 1 YEAR Months	# UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>clerk St. Joe Terminal railroad Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Ford City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Daniel Conway</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Toohey</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>712-01-5262</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss. Mary Conway, 16 Summit Place</b>		ADDRESS <b>St. Joseph Mo.</b>		
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) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Asteroid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerotic Heart disease</b> DUE TO (c) <b>Arterio-sclerosis general</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>				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) 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 <b>July 27, 1951</b> , to <b>July 6, 1951</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1:15A. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>L.P. Lewis M.D.</b>				23b. ADDRESS <b>St. Joseph Mo.</b>		23c. DATE SIGNED <b>7-7-51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7/9/1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>			
DATE REC'D BY LOCAL REG. <b>July 12, 1951</b>		REGISTRAR'S SIGNATURE <b>Carl C. Castles</b>		5. FUNERAL DIRECTOR'S SIGNATURE <b>Heaton-Brown Funeral Home</b>		ADDRESS <b>St. Joseph, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

2081 57 623

65015 6/22

1951 12 100

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 \_\_\_\_\_

Licensed Embalmer No. 3804

P. O. Address 319 S. 10th St. Joseph

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.