

FILED SEP 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32257

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 693 Registrar's No. 179

0970
3
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall township—on highway 41		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Napton 0970	
d. FULL NAME OF HOSPITAL OR INSTITUTION One mile east Marshall		d. STREET ADDRESS (If rural, give location) Streets not numbered	

3. NAME OF DECEASED (Type or Print) a. (First) Lewis	b. (Middle) Earl	c. (Last) Conway	4. DATE OF DEATH (Month) (Day) (Year) Sept. 17, 1951.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 3, 1893	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 0 Days 14	IF UNDER 11 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail carrier	10b. KIND OF BUSINESS OR INDUSTRY Rural	11. BIRTHPLACE (State or foreign country) Pilot Grove, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William T. Conway	13b. MOTHER'S MAIDEN NAME Ruth Fisher	14. NAME OF HUSBAND OR WIFE Laura Witcher Conway
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World war I.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Laura W. Conway, Napton, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain driven by an Automobile.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crushed skull and legs 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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 41	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mass. Hall. Saline Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 17, 1951, 11:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Brain run over by an Automobile
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22. I hereby certify that I attended the deceased from **Sept. 21, 1951**, to **19**, that I last saw the deceased alive on **19**, and that death occurred at **6:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Lawrence Croner Saline Co. 3	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 9-20-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 20, 1951	24c. NAME OF CEMETERY OR CREMATORY Memorial cemetery	24d. LOCATION (City, town, or county) (State) Saline County, Mo.
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DATE REC'D BY LOCAL REG. Sept 20-1951	REGISTRAR'S SIGNATURE Shirley T. Gray 385	25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis	ADDRESS Marshall, Mo.
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RECEIVED 9-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-24-51

2967
MAY 7 1952

JAN 3 1952

SEP 9 1952

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 *R. W. Campbell Jr.*

Licensed Embalmer No. *3469*

P. O. Address *Marshall, 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.