

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32700**

FILED NOV 5 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 1093

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>P.F.D.#2, St. Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph R.F.D.#2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alvie</u> b. (Middle) <u>Rosco</u> c. (Last) <u>Conley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wht.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 11, 1871</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR: MONTHS _____ DAYS _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>	11. BIRTHPLACE (State or foreign country) <u>Coatsville, Ind.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>David L. Conley</u>		13b. MOTHER'S MAIDEN NAME <u>Charity C. Lane</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle</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>491 IO 2698</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Frederick Conley St. Joseph, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Month</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>			<u>not sure</u>
	DUE TO (c) <u>chronic myeloid leukemia</u>			<u>not sure</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <u>10/21/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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) (min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept 18, 1951 to Oct 21, 1951, that I last saw the deceased alive on Oct 21, 1951, and that death occurred at 11:30 AM from the causes and on the date stated above.

23a. SIGNATURE <u>Edna Rowley</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Kirkwood Rd</u>		23c. DATE SIGNED <u>Oct 25 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>	24b. DATE <u>Oct. 23, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo</u>	
DATE REC'D BY LOCAL REG. <u>OCT. 27/1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Cast</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Joseph, Mo.</u>	ADDRESS	

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

R/DIV 30 1951

1951 4 1 10

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.....

John Roy Stoney

Signed.....
Student Embalmer

Licensed Embalmer No. *2435*

P. O. Address *St. Joseph 20*

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.