

FILED DEC 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37218**
5155

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Raytown</u> | |
| c. LENGTH OF STAY (In this place) <u>9 da.</u> | | d. STREET ADDRESS (If rural, give location) <u>6547 Raytown Road.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Campbell Nursing Home.</u> | | | |

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|--|----------------------------------|----------------------------|------------------------|---------------------|------------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>Alice</u> | b. (Middle) <u>Marguerite</u> | c. (Last) <u>Conway</u> | (Month) <u>Nov.</u> | (Day) <u>29.</u> | (Year) <u>1951.</u> |

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|-------------------------|----------------------------------|---|--|---|---|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Aug 17, 1900.</u> | 9. AGE (In years last birthday) <u>51.</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>22</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
|-------------------------|----------------------------------|---|--|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u></u> | 11. BIRTHPLACE (State or foreign country) <u>Pleasant Hill, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John J. Miller</u> | 13b. MOTHER'S MAIDEN NAME <u>Laura Beaman</u> | 14. NAME OF HUSBAND OR WIFE <u>Chas. Philip Conway.</u> |
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| 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>495-10-8671</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Chas. Philip Conway</u> | ADDRESS <u>Raytown, Mo.</u> |
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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, ashenia, 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) <u>Cerebral Thrombosis</u> | | <u>1 week</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>Bronchopneumonia</u> | | <u>1 1/2 years</u> <u>332X</u> <u>3 days</u> |

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|------------------------|----------------------------------|---|
| 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) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Nov 22, 1951, to Nov 29, 1951 that I last saw the deceased alive on Nov 29, 1951, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

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|---------------------------------------|-------------------|--|--------------------------------------|
| 23a. SIGNATURE <u>Jack W. Wolf</u> | (Degree or title) | 23b. ADDRESS <u>206 Apple Blossom</u> | 23c. DATE SIGNED <u>Dec 2, 51</u> |
|---------------------------------------|-------------------|--|--------------------------------------|

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|---|----------------------------------|---|---|
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Dec. 3, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Glacial Hills Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Jackson Co. Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>12-2-51</u> | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clara Heger</u> | ADDRESS <u>Raytown Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Clark Regent

Licensed Embalmer No. 3983

P. O. Address Paytown, 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.