

No. 300
10.48

FILED JAN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1752
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Gasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City, Mo</u>	c. LENGTH OF STAY (in this place) <u>2 Wk</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R.#1 Gasper, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>28 S. Ball St Webb City, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>East 7th St 0451</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Conway</u> c. (Last) <u>Conway</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan - 16 - 1952</u>			
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>4-24-1932</u>	9. AGE (In years last birthday) <u>19</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u>11</u> Min. <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Sarcovie, Mo</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>John W. Welty</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Walters</u>	14. NAME OF HUSBAND OR WIFE <u>Robert E. 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>498-36-4017</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Buffington M.T. Denver, Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carbon monoxide poisoning</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fatal</u>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chosen by blood test 3+</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>045</u>		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) m.	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 did not attend, 1952, that I last saw the deceased alive on December 15, 1951, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. L. ...</u>	(Degree or title) <u>3</u>	23b. ADDRESS <u>Webb City, Mo</u>	23c. DATE SIGNED <u>1-18-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-19-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Haltown Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Haltown, Mo</u>
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DATE REC'D BY LOCAL REG. <u>JAN 19-52</u>	REGISTRAR'S SIGNATURE <u>R. L. ...</u>	137-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. ...</u>	ADDRESS <u>Webb City, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

477
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RECEIVED 1-22-52

Jasper County Health Office

County File Number 52/1/64

Date Filed 1-22-52

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 Richard Gray Lewis

Licensed Embalmer No. 4445

P. O. Address Webb City 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.