

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34051

No. 300  
10.48

FILED OCT 14 1952

6265 State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6265 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <b>WEBSTER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>WEBSTER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL N. GRANT</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL N. GRANT</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>1120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIS</b> b. (Middle) <b>ADEN</b> c. (Last) <b>CONWAY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT 21 1952</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>OCT 17 1874</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR: Months <b>11</b> Days <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>STATE OF ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>JOSEPH CONWAY</b>		13b. MOTHER'S MAIDEN NAME <b>MARY CONWAY</b>		14. NAME OF HUSBAND OR WIFE <b>LEE CONWAY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>LEE CONWAY</b> ADDRESS <b>MARSHFIELD, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart attack</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart disease many years</b>		
		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"/>
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)	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 **Aug 19 1949**, to **Aug 1952**, that I last saw the deceased alive on **Aug 30, 1952**, and that death occurred at **7:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Maxton Lenton M.D.</b>		23b. ADDRESS <b>Marshall, Mo</b>		23c. DATE SIGNED <b>309-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9-24-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CLEAR CREEK</b>	24d. LOCATION (City, town, or county) (State) <b>GREENE Co MO</b>	
DATE REC'D BY LOCAL REG. <b>10/8/52</b>	REGISTRAR'S SIGNATURE <b>J. H. Francis</b> 392	25. FUNERAL DIRECTOR'S SIGNATURE <b>BARBER-BARTO</b> ADDRESS <b>MARSHFIELD MO</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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. 3848

P. O. Address Wm. Home

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.