

## STANDARD CERTIFICATE OF DEATH

State File No.

5814

LED MAR 13 1953

BIRTH NO.

REG. DIST. NO.

149

PRIMARY REG. DIST. NO.

1002 Registrar's No.

1129

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>32 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital # 1</b>				e. STREET ADDRESS (If rural, give location) <b>514 1/2 Main</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Floyd</b>			b. (Middle) <b>LAVERNE</b>		c. (Last) <b>Conway</b>		4. DATE OF DEATH (Month) <b>Feb.</b> (Day) <b>23</b> (Year) <b>53</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>		8. DATE OF BIRTH <b>July 31, 1901</b>	9. AGE (in years last birthday) <b>51</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>George Conway</b>			13b. MOTHER'S MAIDEN NAME <b>Minnie Hubbard</b>		14. NAME OF HUSBAND OR WIFE <b>--Unknown</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>R.D. Conway Walker, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute alcoholism; abdominal distention.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH  <b>3220</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Feb. 22, 1953</b> , to <b>Feb. 23, 1953</b> , that I last saw the deceased alive on <b>Feb. 23, 1953</b> , and that death occurred at <b>10:00 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>B.I. Burns MD</b> (Degree or title)				23b. ADDRESS <b>21th &amp; Cherry Sts.</b>		23c. DATE SIGNED <b>2/23/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-24-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Nevada, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-24-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE</b>		ADDRESS <b>Kansas City, 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 .....,  
Signature of Student Embalmer

Signed *J. O. Walton* .....

Licensed Embalmer No. *2741*

P. O. Address *15 Elm*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.