

FILED FEB 24 1953

STANDARD CERTIFICATE OF DEATH

State File No. 7034

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Pemiscott</u>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lilbourn</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscott Co. Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u>		b. (Middle) _____ c. (Last) <u>Conley</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10 1953</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>April 5 1884</u>		9. AGE (In years last birthday) <u>68</u> Months <u>10</u> Days <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Golconda, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John Robbs</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah ???</u>	
14. NAME OF HUSBAND OR WIFE <u>William Conley</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>P. B. Conley-Sikeston, Mo.</u> ADDRESS _____	
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) <u>chronic myocarditis - myocardial infarct.</u> ANTECEDENT CAUSES <u>bronchial pneumonia</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS contributing to the death but not related to the disease or condition causing death. <u>4222</u>	
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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2-7-1953</u> , to <u>7-10-1953</u> that I last saw the deceased alive on <u>2-10-1953</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>As Shiner</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Hayti Mo</u>	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sulphur Springs</u>	
24d. LOCATION (City, town, or county) (State) <u>Golconda, Illinois</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Herman</u> ADDRESS <u>Ponder Funeral Home, Lilbourn, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-18-53</u>		REGISTRAR'S SIGNATURE _____	

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

81  
C

2-68-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

FEB 20 1953

FEB 25 1953

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 Norman L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.