

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43328**  
Registrar's No. **234**

FILED JAN 5 1954

BIRTH NO. ... REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5572**

70000

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

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>Rural Prairie Township</b>		c. LENGTH OF STAY (in this place) <b>21 da.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson County Hospital</b>		e. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
		d. STREET ADDRESS (If rural, give location) <b>1412 West 29 th. Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>Amc</b> c. (Last) <b>Conty</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>December 22, 1953</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>April 16, 1901</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>6</b>	IF UNDER 24 HRS. Hours <b>6</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (State or foreign country) <b>Versalles, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Sister Vina Sublet Harrison, Ark</b>
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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) <b>Unknown</b>	16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Records Jackson Co Hosp</b>	ADDRESS <b>Indepson</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>21 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Antenatal</b>		
	DUE TO (c) <b>Antenatal</b>		
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"/>
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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) <b>332 X</b>
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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 **12-1**, 1953, to **12-22**, 1953, that I last saw the deceased alive on **12-22**, 1953, and that death occurred at **9:15** a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Donald W. ...</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Jackson County Hospital</b>	23c. DATE SIGNED <b>12-22-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/23/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Versalles</b>	24d. LOCATION (City, town, or county) (State) <b>Versalles Mo</b>
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DATE REC'D BY LOCAL REG <b>12/23/53</b>	REGISTRAR'S SIGNATURE <b>D B Langford 483</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kidwell Funeral Home</b>	ADDRESS <b>Versalles Mo</b>
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JAN 5 1952

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 W B Longford

Licensed Embalmer No. 3833

P. O. Address Lee's Summit

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.