

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3978**

FILED **MAR 1 1954** REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY OR TOWN Columbia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) Life		e. STREET ADDRESS (If rural, give location) 19 Edgewood	
d. FULL NAME OF HOSPITAL OR INSTITUTION 19 Edgewood			

3. NAME OF DECEASED (Type or Print)	a. (First) Rowena	b. (Middle) Conley	c. (Last) White	4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 29, 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 0	IF UNDER 4 HRS. Days 0	IF UNDER 15 HRS. Hours 0	IF UNDER 30 HRS. Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Boone County Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lafayette Conley	13b. MOTHER'S MAIDEN NAME Hattie Via	14. NAME OF HUSBAND OR WIFE Unknown
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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) Non	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Mrs Sam May, Columbia, Mo.	ADDRESS Columbia, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-vascular disease with cerebral apoplexy.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last.		
	DUE TO (b) It complete hemiplegia		
	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"/>
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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) (Min.)	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 **Sept 10, 1950, to Feb 23, 1954**, that I last saw the deceased alive on **2-21-54**, and that death occurred at **9:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James H. Atkins MD	23b. ADDRESS 5109 Cherry Columbia	23c. DATE SIGNED 2/25/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/25/1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Columbia, Missouri
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DATE REC'D BY LOCAL REG. Feb 26 1954	REGISTRAR'S SIGNATURE Mrs R.E. Palmak	25. FUNERAL DIRECTOR'S SIGNATURE Samuel ...	ADDRESS Memorial Funeral Home, Columbia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 23 1954

MAR 2 1955

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 *Lynwood J. Spunk*.....

Licensed Embalmer No. *4013*.....

P. O. Address *Columbus*.....

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.