

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14652**

FILED MAY 12 1954

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6189 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>	
b. CITY OR TOWN <u>Rockaway Beach</u>		b. COUNTY <u>Taney</u>	
c. LENGTH OF STAY (in this place) <u>28 yrs</u>		c. CITY OR TOWN <u>Rockaway Beach</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>P.O. Box</u>		1066	

3. NAME OF DECEASED (First) <u>Harry</u> (Middle) <u>Lawrence</u> (Last) <u>Conover</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-6-54</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 12-1880</u>		9. AGE (In years last birthday) <u>74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Resort Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Resort</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Peter S. Conover</u>	13b. MOTHER'S MAIDEN NAME <u>W. Gladys Gray</u>	13c. NAME OF HUSBAND OR WIFE <u>Edith Conover</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edith Conover</u> ADDRESS <u>Rockaway Beach MO</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension Essential</u>		
	DUE TO (c) <u>Arteriosclerosis Hardened</u>		
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 June 6, 1953, to 5-6, 1954, that I last saw the deceased alive on 5-6, 1954, and that death occurred at 6:25 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>W.C. Magney, M.D.</u> (Degree or title)	23b. ADDRESS <u>Branson, MO</u>	23c. DATE SIGNED <u>5-7-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-9-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clark Memorial Park, Branson, MO</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>5-10-54</u>	REGISTRAR'S SIGNATURE <u>J.C. Cogwell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.O. Welchel</u> ADDRESS <u>Branson MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

1060

MAY 12 1954

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 *Minnie L. Wheelabel*.....

Licensed Embalmer No. *2277*.....

P. O. Address *Princeton*.....

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.