

FILED OCT 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31313**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **247** PRIMARY REG. DIST. NO. **5838** Registrar's No. **50**

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Ohio</b> b. COUNTY <b>Clark</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Berwick Twp</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN: <b>Springfield</b>	d. Is Residence within limits of a city or incorporated town? <b>No</b> No. <b>8340</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hwy Co. 1-6 m W Newton Co.</b>		e. STREET ADDRESS (If inst., give location) <b>667 Home View Ave</b>	

3. NAME OF DECEASED  
a. (First) **CHARLES** b. (Middle) **DAVID** c. (Last) **CONLEY**  
(Type or Print)

4. DATE OF DEATH: (Month) **Sept** (Day) **24** (Year) **1954**  
5. SEX **M** 6. COLOR OR RACE **W.** 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) **Married**  
8. DATE OF BIRTH **4-9-1895** 9. AGE (In years last birthday) **59** 10. UNDER 1 YEAR: Months **5** Day **19** 11. UNDER 2 HRS. Hours **1** Min. **18**

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) **John**  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (City and State or Foreign Country) **Kentucky**  
12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Not known** 13b. MOTHER'S MAIDEN NAME **Not known** 14. NAME OF HUSBAND OR WIFE **Francis Conley**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **yes** (If yes, give year or date of service) **World War I**  
16. SOCIAL SECURITY NO. **275-12-0721**  
17. INFORMANT'S SIGNATURE OR NAME **David J. W. Conley** ADDRESS **Springfield Ohio**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Auto Accident**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Crushed chest**  
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  NO

21a. ACCIDENT (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) **Public Highway** 21c. (CITY, TOWN, OR TOWNSHIP) **Newton** (COUNTY) **Clark** (STATE) **Mo.**  
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **9-24-1954 6:15 a.m.** 21e. INJURY OCCURRED WHILE AT WORK?  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **9-24**, 19**54**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **6:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Charles Thomas Jr. Conley** (Degree or title) 23b. ADDRESS **Newton Mo.** 23c. DATE SIGNED **9-25-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Sept 26, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Springfield** 24d. LOCATION (City, town, or county) (State) **Ohio**

DATE REC'D BY LOCAL REG. **Sept 25 1954** REGISTRAR'S SIGNATURE **M. L. Young** 25. FUNERAL DIRECTOR'S SIGNATURE **Wilbur Beta** ADDRESS **Princeton Mo.**

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

1320  
3

**RECEIVED**

District Health Officer No.                      **NEWTON COUNTY HEALTH UNIT**  
District File Number 1054-200  
Date Filed OCT 5 1954

NEOSHO, MISSOURI

**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 Edwin Wilks, Student Embalmer No.                      working under my personal supervision.

Student                       
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 413

P. O. Address France City

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.