

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11645**

FILED MAY 2 1955

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>WPA</u>	
b. CITY OR TOWN <u>Bethany</u>	c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY OR TOWN <u>North Kansas City Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethany Hospital and Clinic</u>		e. STREET ADDRESS (If rural, give location) <u>6001</u>	

3. NAME OF DECEASED (Type or Print)
a. (First) JEWEL b. (Middle) EDWIN c. (Last) CONLEY
4. DATE OF DEATH (Month) (Day) (Year) April 27, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Jan. 31, 1910 9. AGE (In years last birthday) Months Days Hours Min. 45 2 26

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

13a. FATHER'S NAME John Conley 13b. MOTHER'S MAIDEN NAME Jennie May Allen 14. NAME OF HUSBAND OR WIFE Pauline Conley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 488-14-8149 17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.E. Eslinger - Bethany, Mo.

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) Rupture of Aortic Aneurism 2-3 yrs
ANTECEDENT CAUSES DUE TO (b) Aortic Aneurism 2 yrs
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 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) 022 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 April 26, 1955, to April 27, 1955, that I last saw the deceased alive on April 27, 1955, and that death occurred at 9:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Miriam Leach MD. 23b. ADDRESS Bethany Mo 23c. DATE SIGNED Apr 30, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April 30, 1955 24c. NAME OF CEMETERY OR CREMATORY Memorial Park 24d. LOCATION (City, town, or county) (State) St Joseph, Missouri

DATE REC'D BY LOCAL REG. 4/30/55 REGISTRAR'S SIGNATURE Zola Burris 116-0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark L. Foutch, Bethany, Mo

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

MAY 20 1955

JUN 1 1955

MAR 16 1956

MAY 28 1955

JUN 24 1955

JUL 29 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 *Clark L. Foutch*.....

Licensed Embalmer No. *4831*

P. O. Address *Bethany*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (F 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.