

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11847**  
Registrar's No. **1512**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____	
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 town) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>16 YEARS</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		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 <b>3420 EAST 60th STREET</b>				STREET ADDRESS (If rural, give location) <b>3420 EAST 60th STREET</b>			
3. NAME OF DECEASED a. (First) <b>John</b>		b. (Middle) <b>CLAUDE</b>		c. (Last) <b>CONLEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 2, 1955</b>	
5. SEX <b>MALE</b>		6. COLOR OF RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>FEB. 3, 1879</b>	
9. AGE (in years last birthday) <b>76</b>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SPECIAL AUDITOR 32 yrs</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED - 1938 BURLINGTON RR</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>EAST LYNN, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES E CONLEY</b>		13b. MOTHER'S MAIDEN NAME <b>MIRANDA T. BELL</b>		14. NAME OF WIFE OR WIFE <b>LILLIAN CONLEY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>145937</b>		17. INFORMANT'S SIGNATURE OR NAME <b>ARDELL CONLEY</b>		ADDRESS <b>PIONEER HOTEL KANSAS CITY MO</b>	
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) <b>Ventricular Fibrillation</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>myocardial infarction</b>				<b>4 hrs</b>	
		DUE TO (c) <b>Coronary Thrombosis</b>				<b>4 hrs</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>4201</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>April 1948</b> , to <b>April 2, 1955</b> , that I last saw the deceased alive on <b>April 2, 1955</b> , and that death occurred at <b>5:50 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Chester E. Lee</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>174 Plaza Terwold St. Mo.</b>		23c. DATE SIGNED <b>4-4-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>RURAL</b>		24b. DATE <b>April 5, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY Missouri</b>	
DATE REC'D BY LOCAL REG. <b>4-5-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. NEWCOMER'S SONS</b> ADDRESS <b>K.C. MO. BRUSH CREEK BLVD</b>			

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

*Br 2455-*

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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..... *Chester K Brown*

Licensed Embalmer No. *48*

P. O. Address..... *K.C.*

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