

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 14 1955

State File No. 28788

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 59

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|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Washington</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u> | |
| b. CITY OR TOWN <u>Potosi</u> | | c. CITY OR TOWN <u>Potosi</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>102 Oak St.</u> | | e. STREET ADDRESS (If rural, give location) <u>102 Oak St.</u> <u>1100</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Conway</u> c. (Last) _____ | | | 4. DATE OF DEATH <u>Sept. 7 1955</u> (Month) (Day) (Year) |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Oct. 19 1872</u> |
| 9. AGE (In years last birthday) <u>82</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co. Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Irvin Conway</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Saucier</u> |
| 14. NAME OF HUSBAND OR WIFE <u>Laura Conway</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | 16. SOCIAL SECURITY NO. _____ |
| 17. INFORMANT'S SIGNATURE, OR NAME <u>Mrs. Irvin Smith</u> | | ADDRESS <u>Potosi Mo</u> | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>following Arteriosclerosis</u> DUE TO (c) <u>and Proctitis</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 type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>450 x</u> | |
| 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 <u>1/1</u> , 19 <u>54</u> to <u>9/7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9/5</u> , 19 <u>55</u> , and that death occurred at <u>20</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>H. E. Russell</u> (Degree or title) | | 23b. ADDRESS <u>Potosi Mo</u> | 23c. DATE SIGNED <u>9/12/55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9-9-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Potosi Masonic Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Potosi Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>9/13/55</u> | REGISTRAR'S SIGNATURE <u>H. E. Russell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Spink</u> ADDRESS <u>Potosi Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *Murphy Sparks*.....

Licensed Embalmer No. *4256*.....

P. O. Address *1st Ring H*.....

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.