No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29226

FILED OCT 5 - 1956

BIRTH NO. ____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5226 Registrar's No. 135

019 3

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt Pleasant Twp
c. LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4½ Mi. So. Grandview Air Base

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Coles
c. CITY OR TOWN: Charleston
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): none

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3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): EARL
c. (Last): CONLEY

4. DATE OF DEATH (Month) (Day) (Year): Sept. 26, 1955

5. SEX: Male D
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 6 May 1919
9. AGE (In years last birthday): 36
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lieut. Col
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Air Force
11. BIRTHPLACE (City and State or Foreign Country): Charleston, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robert E. Conley
13b. MOTHER'S MAIDEN NAME: Etta May ----
14. NAME OF HUSBAND OR WIFE: Shirley E. Conley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): at present
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: U.S. Air Force, Grandview Air Base
ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic shock — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mutilation of body
DUE TO (c) airplane crash

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / ~~SUICIDE~~ / ~~HOMICIDE~~ (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP): 019 (COUNTY): Cass (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 26 55 8:27 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: airplane crash

22. *I hereby certify that I attended the deceased from* ~~Sept 26, 1955, to Dead~~, 19____, *that I last saw the deceased alive on* ~~Sept~~ ____, 19____, *and that death occurred at* 8:27 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald Zeuder (Coroner Cass County)
23b. ADDRESS: Pleasant Hill, Mo
23c. DATE SIGNED: 9/27/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-27-55
24c. NAME OF CEMETERY OR CREMATORY: Charleston cem
24d. LOCATION (City, town, or county) (State): Charleston, Illinois

DATE REC'D BY LOCAL REG.: Sept. 29, 1955
REGISTRAR'S SIGNATURE: Nora Barnard
457-10
25. FUNERAL DIRECTOR'S SIGNATURE: STINE & McCLURE UND. CO.
ADDRESS: K.C. MO.

(Licensed Embalmer's Statement on Reverse Side)

Dr Zander
Pleasant Hill
Mo

RECEIVED
OCT 3 1955
CASS COUNTY
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. K. Crowell

Licensed Embalmer No. 49

P. O. Address K C M

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