

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 5572

State File No. 33684

FILED OCT 27 1955

Registrar's No. 171

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5574		Registrar's No. 171	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give town) Rural - Prairie		a. STATE Missouri		b. COUNTY Jackson	
c. LENGTH OF STAY (in this place) 58 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Prairie		d. STREET ADDRESS Jackson County Hospital		58 yr	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. SEX	
a. (First) Nellie		b. (Middle) -----		c. (Last) Conley		Oct. 11, 1955	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 1878		9. AGE (In years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patient		10b. KIND OF BUSINESS OR INDUSTRY Hospital		11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? Unknown	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME J. C. Hospital, Records, Indep. Mo. ADDRESS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric hemorrhage		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) malignancy - undetermined origin 1999					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Advanced arterio sclerosis					
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., 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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-10, 1955, to 10-10, 1955, that I last saw the deceased alive on 10-11, 1955, and that death occurred at 5 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert M. Langford MD				23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 10-11-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical		24b. DATE Oct. 11, 1955		24c. NAME OF CEMETERY OR CREMATORY University of Kansas City, Kansas		24d. LOCATION (City, town, or county) (State) City, Mo.	
DATE REC'D BY LOCAL REG. 10-11-1955		REGISTRAR'S SIGNATURE W. B. Langford 483-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Langford Funeral Home, Lee's Summit Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed

N. B. Langford Jr.

Licensed Embalmer No.

4962

P. O. Address

Levi Summit

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 this body is not embalmed, fact should be so stated above.