Dr. Calloway

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16036
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 496

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hosp. — Length of stay in Ib 35 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes X No ☐
d. STREET ADDRESS 832 S. Roanoke (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Silas Middle D. Last Conway

4. DATE OF DEATH Month May Day 28 Year 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept. 20 1891
9. AGE (In years last birthday) 64 — 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) Retired
10b. KIND OF BUSINESS OR INDUSTRY Groceryman & Dairyman
11. BIRTHPLACE (City and state or country) Lathrop, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Conway
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. # 1
16. SOCIAL SECURITY NO. 497-40-9293
17. INFORMANT Mrs. Emma Conway Address Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction due to Arteriosclerotic Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO (b)~~ DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diffuse Obstructive Emphysema 4201
19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour: a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 8, 1956 to May 28, 1956 and last saw ~~the~~ him alive on May 28, 1956
Death occurred at 12:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L D Calloway (Degree or title) M D
22b. ADDRESS Springfield, Mo
22c. DATE SIGNED 5/29/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/31/56
23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR H.H. Lohmeyer ADDRESS Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 5-31-56
26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 4 1956

FEB 5 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lucien T. Swadl

Licensed Embalmer No...

P. O. Address Brun

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