No. 300
10-48

FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35799

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 7 Days
d. FULL NAME OF HOSPITAL ~~OR INSTITUTION~~: Laughlin Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Adair
c. CITY OR TOWN: Kirksville 0013 01
d. Is Residence within limits of a city or incorporated town? Yes XX No ☐
STREET ADDRESS (If rural, give location): 1101 N. Franklin St.

3. NAME OF DECEASED (Type or Print)
a. (First): Lora
b. (Middle): Estelle
c. (Last): Conley

4. DATE OF DEATH (Month) (Day) (Year): Feb. 10, 1957

5. SEX: Female
6. COLOR OR RACE: White
7. ~~MARRIED, NEVER MARRIED~~, WIDOWED, ~~DIVORCED~~ (specify): Widowed
8. DATE OF BIRTH: Sept. 13, 1875
9. AGE (In years last birthday): 81
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): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Adair Co. Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: Jesse Griffin
13b. MOTHER'S MAIDEN NAME: Elizabeth Sweatt
14. NAME OF HUSBAND OR WIFE: Harley R. Conley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Clifford R. Conley
ADDRESS: 1216 E. Alexander, Kirksville, Mo.

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Atherosclerosis — ?
DUE TO (c) ____

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 4201

19a. DATE OF OPERATION: ____
19b. MAJOR FINDINGS OF OPERATION: ____
20. AUTOPSY? YES ☐ NO XX

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 5, 1957, *to* Feb 10, 1957, *that I last saw the deceased alive on* Feb 10, 1957, *and that death occurred at* 1:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. T. Rhoads DO
23b. ADDRESS: Kirksville, Mo
23c. DATE SIGNED: 2-11-57

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24b. DATE: Feb. 12, 1957
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Llewellyn
24d. LOCATION (City, town, or county) (State): Kirksville, Adair, Mo.

DATE REC'D BY LOCAL REG.: 2-12-1957
REGISTRAR'S SIGNATURE: Doris W Ratliff
FUNERAL DIRECTOR'S SIGNATURE: Joyce E. Foster
ADDRESS: Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Noval E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, Mo

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