

Health, & Welfare
S. Public
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v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36710

FILED OCT 29 1957

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 5799 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP Madison R R		c. CITY OR TOWN Madison, R R	
c. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXX		d. STREET ADDRESS R R	
3. NAME OF DECEASED (Type or print) First John Middle Conway Last Conway		4. DATE OF DEATH Month 10 Day 26 Year 57	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/31/1876
10a. USUAL OCCUPATION (Give kind of work done) Painter and paper hanging		10b. KIND OF BUSINESS OR INDUSTRY Interior decorating	11. BIRTHPLACE (City and state or country) Madison, R R
13a. FATHER'S NAME Thomas Conway		13b. MOTHER'S MAIDEN NAME Narcissus Courton	14. NAME OF HUSBAND OR WIFE Lee Davenport
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or type of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Claudie Woods Address Madison, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerosis DUE TO (c) 4201			INTERVAL BETWEEN ONSET AND DEATH 3 months years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 June 1957 to Oct. 25, 1957 and last saw her alive on Oct. 15, 1957 Death occurred at 4 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Turner D.O. (Degree or title)		22b. ADDRESS Madison, Mo.	
		22c. DATE SIGNED 10-26-57	
23a. BURIAL, CREMATION, REMAINS (Specify)		23b. DATE 10/27/57	
23c. NAME OF CEMETERY OR CREMATORY Ash Cemetery		23d. LOCATION (City, town, or county) (State) Monroe Co. R R MO	
24. FUNERAL DIRECTOR Frank A. Thompson ADDRESS Madison, Mo		25. DATE RECD. BY LOCAL REG. Oct 26/1957	
26. REGISTRAR'S SIGNATURE Elsie Robertson			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 Mrs. Julia Kaufman

Licensed Embalmer No. 3282

P. O. Address Madison, W.

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.