

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36937

STATE FILE NUMBER

FILED OCT 16 1957

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Florida</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) <b>Cullen Twp</b>		c. CITY OR TOWN <b>Key West</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Junct 66&amp;17 5Mi W Waynesville</b>		d. STREET ADDRESS (If outside, give location) <b>3532 Duck Ave</b>	
3. NAME OF DECEASED (Type or print) First <b>Roger</b> Middle <b>James</b> Last <b>Conant</b>		4. DATE OF DEATH Month <b>Oct</b> Day <b>5</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cauc</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12 Oct 38</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Soldier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and state or country) <b>Milwaukee, Wisconsin</b>
13. FATHER'S NAME <b>George H. Conant</b>		14. MOTHER'S MAIDEN NAME <b>Alvoretta Coker</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 18 May 57</b>		16. SOCIAL SECURITY NO. <b>261-54-5051</b>	
17. INFORMANT <b>James W. King, Jr</b>		Address <b>USAH, Ft Leonard Wood MO</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Laceration, Lung, with Massive Hemo-thorax</b> DUE TO (b) <b>Automobile Accident</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Lacerations Multiple, liver and spleen; broken neck</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>Auto accident, one car, junction Hiways 66 and 17</b>		
20c. TIME OF INJURY Hour <b>1:45 AM</b> Month <b>Oct</b> Day <b>5</b> Year <b>1957</b>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Hiway 17 and 66</b>		
20e. CITY, TOWN, OR LOCATION <b>Near Waynesville</b>	COUNTY <b>Pulaski</b>	STATE <b>Missouri</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>JAMES B WHITE CAPT MC</b>		22b. ADDRESS <b>Ft. Leonard Wood, Mo. U S Army Hospital</b>	22c. DATE SIGNED <b>5 Oct 1957</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Oct-7-1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Key West Risrida Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Key West Florida</b>
24. FUNERAL DIRECTOR <b>HEDGES FUNERAL HOMES INC CROCKER MO 10-7-57</b>		25. DATE RECD. BY LOCAL REG. <b>MO 10-7-57</b>	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

RECEIVED 10-12-57  
Pulaski County Health Officer  
File Number 125  
Date Filed 10-7-57

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 *Clarence Moss*

Licensed Embalmer No. 4896

P. O. Address *Waynesville*

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.