Dept. Health, Edu., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1957

38999
STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY: WRIGHT
b. CITY OR TOWN: MTN. GROVE — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 402 East Second — Length of stay in 1b: 18 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: WRIGHT
c. CITY OR TOWN: MTN. GROVE 1141 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 407 E. SECOND — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JAMES Middle AMOS Last CONROW

4. DATE OF DEATH: Month SEPT. Day 11 Year 1957

5. SEX: M 6. COLOR OR RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: NOV. 16 1875 9. AGE (In years last birthday): 81 IF UNDER 1 YEAR: Months 9 Days 28 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINER
10b. KIND OF BUSINESS OR INDUSTRY: COAL MINER
11. BIRTHPLACE (City and state or country): JASPER COUNTY MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: SILAS CONROW
13b. MOTHER'S MAIDEN NAME: SARAH AMOS
14. NAME OF HUSBAND OR WIFE: FRANCES GARRON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Sylvia Shannon Address: Mtn. Grove 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 9-11-57
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — Not known
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ 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 9-11-57, to 9-11-57 and last saw her/him alive on 9-11-57
Death occurred at 2:20 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title) MD
22b. ADDRESS: Mountain Grove Mo
22c. DATE SIGNED: 9/21/57

23a. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial
23b. DATE: Sept. 15-57
23c. NAME OF CEMETERY OR CREMATORY: Hillcrest
23d. LOCATION (City, town, or county) (State): Mtn. Grove, Mo.

24. FUNERAL DIRECTOR: R.W. Barber ADDRESS: Mtn. Grove Mo
25. DATE RECD. BY LOCAL REG.: Oct. 15, 57
26. REGISTRAR'S SIGNATURE: A. B. Ames

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

Securing the required certification in the specific manner required by 193.140 RsMo 1949.

RECEIVED 10-20-67
WRIGHT CO. HEALTH DEPT.
County File Number 1037-113
Date Filed 10-20-67

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 Paul Barber

Licensed Embalmer No. 3848

P. O. Address .....

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.