

X
No. 500
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2443**

FILED JAN 28 1958

BIRTH NO. _____ REG. DIST. NO. **296** PRIMARY REG. DIST. NO. **6019** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Orrick	c. LENGTH OF STAY (in this place) Lifetime	c. CITY OR TOWN Orrick	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 089⁰	

3. NAME OF DECEASED (Type or Print) a. (First) Larry	b. (Middle) Frank	c. (Last) Conyers	4. DATE OF DEATH (Month) (Day) (Year) Jan. 23 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Mar. 3, 1937	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> Orrick, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Byron S. Conyers	13b. MOTHER'S MAIDEN NAME Minnie Fay Teagarden	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 488-38-7881	17. INFORMANT'S SIGNATURE OR NAME <i>Byron Conyers Orrick Mo.</i>	ADDRESS Orrick Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck, cerebral compression		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) suspected in substance		Suburban
	DUE TO (c) collision with train		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Country road	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 2 miles south of Orrick Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 23, 1958	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? collision with train 089 with train

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:17 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>John D. Carl</i>	(Degree or title) 3	23b. ADDRESS <i>Richmond Mo.</i>	23c. DATE SIGNED 1/25/58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 26, 1958	24c. NAME OF CEMETERY OR CREMATORY South Point	24d. LOCATION (City, town, or county) (State) Orrick Missouri
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DATE REC'D BY LOCAL REG. 1-25-58	REGISTRAR'S SIGNATURE <i>Helen J. Larkin</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wilbur In Case</i>	ADDRESS Orick Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 30 1958

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.....
Charles J. Tyb

Licensed Embalmer No. 453

P. O. Address *Liberty*

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.