

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024619

STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 830

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 619 E. Colorado		d. STREET ADDRESS (If outside, give location) 619 E. Colorado	
Length of stay in lb life		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Charles Charles Fred Conley			4. DATE OF DEATH Month Day Year Aug. 2, 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 24, 1900	9. AGE (In years past birthday) 57	10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Time Keeper	10b. KIND OF BUSINESS OR INDUSTRY Armour Meat Packing, St. Joseph, Mo.	11. BIRTHPLACE (City and state or country) 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Alvie Roscoe Conley	13b. MOTHER'S MAIDEN NAME Myrtle Dale Betts	14. NAME OF HUSBAND OR WIFE Jennie Pearl Conley
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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) No	16. SOCIAL SECURITY NO. 487-09-0925H	17. INFORMANT Address Jennie Pearl Conley 619 E. Colo. Av.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - <u>Cardiac Failure</u> DUE TO (b) <u>Pulmonary Emphysema</u> DUE TO (c) <u>Asthma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>over 1 yr</u> <u>over 1 yr</u>
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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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
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21. I attended the deceased from Death occurred at <u>9-6-49</u> to <u>7/28/58</u> and last saw ^{her} _{him} alive on <u>7/28/58</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Eugene Smith</u>	22b. ADDRESS <u>218 No 7 St Joseph</u>	22c. DATE SIGNED <u>8/2/58</u>
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23a. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE Aug. 4, 1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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24. FUNERAL DIRECTOR ADDRESS <u>Clark Funeral Home</u> St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. <u>Aug 3, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Wm Clark Goodell</u>
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(Licensed Embalmer's Statement - Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. 300
1-57

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JAN 28 1959

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 *[Handwritten Signature]*

Licensed Embalmer No. *4738*

P. O. Address *[Handwritten 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.