Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037020
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 181

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Troy — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Troy Nursing Home — Length of stay in 1b 3Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY Lincoln
c. CITY OR TOWN Troy — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 0570 No Street Address — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Joseph Middle Pleasant Last Conley

4. DATE OF DEATH Month Oct. Day 15, Year 1958.

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH Mar.7,1879
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming
11. BIRTHPLACE (City and state or country) Lincoln Co. Missouri. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William H. Conley
13b. MOTHER'S MAIDEN NAME Mildred Giles
14. NAME OF HUSBAND OR WIFE Nettie Jones Conley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT Address Porter Conley, Troy, Missouri.

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) Cerebral. Vascular Accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerosis
DUE TO (c) Senility
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 Oct. 15/58. , to Oct.15,1958 and last saw her/him alive on Oct.15,1958
Death occurred at 5:10 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. C. Church M.D. 0
22b. ADDRESS Troy, Missouri
22c. DATE SIGNED 10/16/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/18/58
23c. NAME OF CEMETERY OR CREMATORY Hawk Point Cemetery
23d. LOCATION (City, town, or county) (State) Hawk Point, Missouri.

24. FUNERAL DIRECTOR ADDRESS Kemper-Marsh Funeral Home Troy, Missouri
25. DATE RECD. BY LOCAL REG. 11-4-58
26. REGISTRAR'S SIGNATURE Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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, ~~XKX~~ ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Joseph J. Marsh Jr.

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.