

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038556
State File No.

FILED NOV 20 1958

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 200

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

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY OR TOWN Morehouse	c. LENGTH OF STAY (in this place) 10 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION No. Delta Comm. Hospital		c. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) ROY	c. (Last) CONLEY	4. DATE OF DEATH (Month) (Day) (Year) 10 22 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-24-1880	9. AGE (in years last birthday) 77	IF UNDER 1 YEAR 10 Months	IF UNDER 24 HRS. 28 Days	IF UNDER 1 MIN. _____ Hours	IF UNDER 1 MIN. _____ Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Golconda, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Isaac Conley	13b. MOTHER'S MAIDEN NAME Sarah Anderson	14. NAME OF HUSBAND OR WIFE Catherine Robbes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Leroy Conley, Morehouse, Mo.	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 12 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201 (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 10-22, 1958, to 10-22, 1958, that I last saw the deceased alive on 10-22, 1958, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) M.D.	23b. ADDRESS Sikeston, Mo.	23c. DATE SIGNED 10-23-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-24-58	24c. NAME OF CEMETERY OR CREMATORY Sulphur Springs Cemetery Golconda, Ill	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. 10-27-58	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Munroe Funeral Chapel Sikeston Mo
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(Licensed Embalmer's Statement on Reverse Side)

NOV 10 1958

SCOTT CO. HEALTH DEPT.
CO. FILE No. 1158-252

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 *Philip J. Cassidy*.....
Licensed Embalmer No. *461*.....
P. O. Address *Sikeston*.....

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.