

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000263

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 101

DECEASED FEB 2 1959

300  
-57

|                                                                                                   |  |                                                                                                                               |                                                                                       |
|---------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Buchanan                                                           |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Buchanan |                                                                                       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Joseph                   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                          | c. CITY OR TOWN St. Joseph 0117<br>OR TOWN 0                                          |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION St. Joseph's Hosp. |  | Length of stay in lb<br>Lifetime                                                                                              | d. STREET ADDRESS (If outside, give location)<br>3410 So. 30th St.,                   |
|                                                                                                   |  |                                                                                                                               | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|                                                                             |                                                     |
|-----------------------------------------------------------------------------|-----------------------------------------------------|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Frank J. Conway | 4. DATE OF DEATH<br>Month Day Year<br>Jan. 26, 1959 |
|-----------------------------------------------------------------------------|-----------------------------------------------------|

|               |                        |                                                                                                                                                             |                                  |                                    |                                |                                |
|---------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------|--------------------------------|--------------------------------|
| 5. SEX male 0 | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>Apr. 2, 1897 | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Min. |
|---------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------|--------------------------------|--------------------------------|

|                                                                                                        |                                                        |                                                                      |                                     |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------|
| 10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Manager | 10b. KIND OF BUSINESS OR INDUSTRY<br>Retail Shoe Dept. | 11. BIRTHPLACE (City and state or country)<br>St. Joseph, Missouri 0 | 12. CITIZEN OF WHAT COUNTRY?<br>USA |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------|

|                                     |                                               |                                                   |
|-------------------------------------|-----------------------------------------------|---------------------------------------------------|
| 13a. FATHER'S NAME<br>Daniel Conway | 13b. MOTHER'S MAIDEN NAME<br>Mary (nee) Toohy | 14. NAME OF HUSBAND OR WIFE<br>Geneva Hord Conway |
|-------------------------------------|-----------------------------------------------|---------------------------------------------------|

|                                                                                                                        |                                        |                                                         |         |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------|---------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>yes WW #1 | 16. SOCIAL SECURITY NO.<br>491-10-1762 | 17. INFORMANT<br>Mrs. Geneva H. Conway, St. Joseph, Mo. | Address |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------|---------|

|                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Carcinomatosis, Abdomen 5 months +<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of ascending Colon 7 months +<br>DUE TO (c) |  | 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)<br>1530                                                                                                                                                                                            |  | 19. WAS AUTOPSY PERFORMED?<br>1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

|                                                                                                           |                                                                                              |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

|                                                           |  |
|-----------------------------------------------------------|--|
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m. |  |
|-----------------------------------------------------------|--|

|                                                                                                        |                                                                                          |                                           |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <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 |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------|

|                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21. I attended the deceased from 9-10-58 to 1-26-59 and last saw him alive on 1-25-59<br>Death occurred at 5:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                  |                                               |                             |
|--------------------------------------------------|-----------------------------------------------|-----------------------------|
| 22a. SIGNATURE (Degree or title)<br>H.C. Senn RD | 22b. ADDRESS<br>207 P.S. Bldg St. Joseph, Mo. | 22c. DATE SIGNED<br>1-26-59 |
|--------------------------------------------------|-----------------------------------------------|-----------------------------|

|                                                     |                             |                                                           |                                                                       |
|-----------------------------------------------------|-----------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>burial | 23b. DATE<br>Jan. 29, 1959. | 23c. NAME OF CEMETERY OR CREMATORY<br>Mt. Olivet Cemetery | 23d. LOCATION (City, town, or county) (State)<br>St. Joseph, Missouri |
|-----------------------------------------------------|-----------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------|

|                                                       |                            |                                               |                                                 |
|-------------------------------------------------------|----------------------------|-----------------------------------------------|-------------------------------------------------|
| 24. FUNERAL DIRECTOR<br>Mischler-Hessinger<br>by B.H. | ADDRESS<br>St. Joseph, Mo. | 25. DATE RECD. BY LOCAL REG.<br>Jan. 28, 1959 | 26. REGISTRAR'S SIGNATURE<br>Mrs. Clark Goodell |
|-------------------------------------------------------|----------------------------|-----------------------------------------------|-------------------------------------------------|

All diseases in Part I must be causally related.  
 Dr. H.C. Senn  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

1959 FEB 8

FEB 3 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 *Edward P. Harrington*.....

Licensed Embalmer No. *3258*.....

P. O. Address.....St. Joseph, Mo. ....

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.