Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001593
STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Hospital — Length of stay in 1b —

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1327 North Osage — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Ronald Middle Erick Last Conoley

4. DATE OF DEATH Month Jan Day 26 Year 1959

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED** ☐ **NEVER MARRIED** ☑ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Jan-26-1959

9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Independence Missouri
12. CITIZEN OF WHAT COUNTRY? Usa

13a. FATHER'S NAME Ammon L. Conoley
13b. MOTHER'S MAIDEN NAME Daryl Rolso
14. NAME OF HUSBAND OR WIFE None

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. —
17. INFORMANT Ammon L. Conoley Address 1327 N. Osage Indep Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Atelectasis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congenital absence of diaphragm
DUE TO (c) 7592.
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) Proptosis, Imperforate anus, Situs inversus, Hydrocephalus

19. WAS AUTOPSY PERFORMED? / YES ☑ NO ☐

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 Jan 26, 1959 and last saw her/him alive on —
Death occurred at 11:30 p Jan 26, 1959 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harry S. Jones M.D. (Degree or title)
22b. ADDRESS Indep., Mo.
22c. DATE SIGNED 1/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-27-59
23c. NAME OF CEMETERY OR CREMATORY Mound Grove
23d. LOCATION (City, town, or county) (State) Independence Mo

24. FUNERAL DIRECTOR Roland R. Speaks **ADDRESS** Indep. Mo
25. DATE RECD. BY LOCAL REG. 1-27-59
26. REGISTRAR'S SIGNATURE Jackson Craig

(Licensed Embalmer's Statement on Reverse Side)

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, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Rollie Lessel

Licensed Embalmer No. 4690

P. O. Address Indep. 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.