

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

59-030075

FILED VS SEP 8 1959 292

STATE FILE NUMBER

Registration District No. 292 Primary Registration District No. Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>Ralls</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Ralls</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Length of stay in 1b <b>8 yrs</b>		c. CITY OR TOWN <b>Hannibal,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1401 Owens Ave.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1401 Owens Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Porter</b> Middle <b>Lee</b> Last <b>Conley</b>				4. DATE OF DEATH Month <b>8</b> - Day <b>30</b> - Year <b>1959</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1-20-88</b>	9. AGE (last birthday) <b>71</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (Ret)</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Monroe County, Mo. US</b>		12. CITIZEN OF WHAT COUNTRY <b>US</b>	
13a. FATHER'S NAME <b>William W. Conley</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Ella Barrow</b>		14. NAME OF HUSBAND OR WIFE <b>Opal Conley</b>			Address
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>491-36-8205</b>		17. INFORMANT <b>Geraldine Treaster Hannibal, Mo.</b>			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Endocarditis + Cardiac Failure</b> DUE TO (b) <b>Atherosclerosis</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour a.m. p.m. Month, Day, Year	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 <b>no medical attention</b> and last saw her/him alive on Death occurred at <b>10:30A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22. SIGNATURE (Degree or title) <b>Clyde C. Wisney, Coroner Perry Mo. Ralls Co</b>				22a. ADDRESS <b>Hannibal, Mo.</b>			22c. DATE SIGNED <b>9/30/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-1-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Grand View Burial Park</b>		23d. LOCATION (City, town, or county) <b>Hannibal, Mo.</b>		23e. STATE		
24. FUNERAL DIRECTOR <b>Clark Funeral Home-Hannibal, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>8/30/1959</b>		26. REGISTRAR'S SIGNATURE <b>Clyde C. Wisney</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.