

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007098

LED VS MAR 8 1960 178

Registration District No. 178 Primary Registration District No. Registrar's No. 27

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY LEWIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN LEWISTOWN		Length of stay in 1b XXXXXXXX		c. CITY OR TOWN LEWISTOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXXXXXXX			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) XXXXXXXXXXXXXXXXXXXX		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First WILLIAM Middle MARTIN Last CONOVER				4. DATE OF DEATH Month FEBRUARY Day 20, Year 1960					
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/27/??		9. AGE (last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLASTERER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		11. BIRTHPLACE (City and state or country) LIMA, ILLINOIS		12. CITIZEN OF WHAT COUNTRY USA		IF UNDER 1 YEAR Months Days	
13a. FATHER'S NAME LEON P. CONOVER		13b. MOTHER'S MAIDEN NAME MARY ELICK		14. NAME OF HUSBAND OR WIFE JONETTE CONOVER		IF UNDER 24 HR Hours Min.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO!			16. SOCIAL SECURITY NO. XXXXXXXXXX 490-18-4384		17. INFORMANT Address MRS. WILLIAM CONOVER, LEWISTOWN, MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEDULARY FAILURE							INTERVAL BETWEEN ONSET AND DEATH 3 HRS		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CEREBRAL ARTERIOSCLEROSIS							4 MONTHS		
DUE TO (c) SENILITY									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROTIC HEART DISEASE WITH MYOCARDIOMYOSIS						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 OCTOBER 1959 to FEB 20, 1960 and last saw her alive on FEB 20, 1960 Death occurred at 2:40 P on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) W.D. Richmond J.O.				22b. ADDRESS La Grange, Mo.				22c. DATE SIGNED 3-3-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2/23/60		23c. NAME OF CEMETERY OR CREMATORY LEWISTOWN		23d. LOCATION (City, town, or county) (State) LEWISTOWN, MISSOURI			
24. FUNERAL DIRECTOR Charles J. Arnold Jr.			ADDRESS LEWISTOWN, MO.		25. DATE RECD. BY LOCAL REG. 3-3-60		26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd		

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

Charles L. Arnold

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSISSIPPI

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.