

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-009862

FILED VS APR 11 1960 38

Registration District No. 3006 Registrar's No. 214

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 52 Years		c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone Co. Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Ashland Gravel Road		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ELSIE ESTELLE CONLEY			4. DATE OF DEATH Month Day Year April 5, 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-25-1887	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) York Co., Nebraska		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME LaFayette Metcalf			13b. MOTHER'S MAIDEN NAME Alice Estelle Wood		14. NAME OF HUSBAND OR WIFE William T. Conley	
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. -		17. INFORMANT Address Mrs. John Fellows, Columbia, Mo.	
18. CAUSE OF DEATH (Enter only one code per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Small bowel obstruction</i> <i>Volvulus and adhesions</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fracture left hip</i>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <i>April 3rd 1960</i> to <i>April 5 1960</i> and last saw her <i>alive</i> on <i>April 5 1960</i> Death occurred at <i>1:30</i> <i>a.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>John J. Madolin MD</i> (Degree or title)			22b. ADDRESS <i>Prof. Bldg Columbia Mo</i>		22c. DATE SIGNED <i>April 6 1960</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-6-1960	23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery		23d. LOCATION (City, town, or county) Columbia, Mo.		(State)
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.			25. DATE RECD. BY LOCAL REG. <i>April 6 1960</i>		26. REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</i>	

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 Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia

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.