

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026182

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 300 Registrar's No. 927

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 8 1962

1. PLACE OF DEATH
 a. COUNTY Butler
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Length of stay in lb 2 weeks
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Arkansas b. COUNTY Clay
 c. CITY OR TOWN Pollard Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Rt. 1 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Luther Middle Stillman Last Conley 4. DATE OF DEATH Month July Day 24 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4-16-1892 9. AGE (last birthday) 70 IF UNDER 1 YEAR Months 3 Days 8 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Pollard, Arkansas 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas Conley 13b. MOTHER'S MAIDEN NAME Lizzie Forrest 14. NAME OF HUSBAND OR WIFE Lucy Conley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Mrs. Lucy Conley Pollard, Arkansas Rt. 1 Address

18. CAUSE OF DEATH (Enter only one cause per line for one cause)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Uremia
 DUE TO (b) Chronic Nephritis
 DUE TO (c)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not listed as Bladder Cancer disease condition given in PART I (a) Recent Surgery
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown
 INTERVAL BETWEEN ONSET AND DEATH 3 days
4 days

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 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 1956 to 28 July 1962 and last saw him alive on 28 July 62
 Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE [Signature] (Degree or title) MD 21b. ADDRESS 321 Oak, Poplar Bluff, Mo. 63602 21c. DATE SIGNED 28 July 62

22a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7-26-1962 23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery 23d. LOCATION (City, town, or county) Pollard, Arkansas (State)

24. FUNERAL DIRECTOR Lloyd Russell Piggott, Arkansas ADDRESS 25. DATE RECD. BY LOCAL REG. 8-4-1962 26. REGISTRAR'S SIGNATURE Thelma Lahan

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

AUG 8 1962

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 Ronald W. Hoggard

Licensed Embalmer No. 1116 Ark.

P. O. Address Jiggott

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.