

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033517

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. FILED SEP 17 1962 County Registration District No. _____ Registrar's No. 283 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10010
20010

3
4 0
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7 0
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9 X
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11 601
12 91-3
13 1-0

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

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nineveh Township</u>		Length of stay in 1b	c. CITY OR TOWN <u>Kirksville</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RFD. # 2</u>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Lyle</u> Last <u>Conley</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>8,</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/27/1949</u>
9. AGE (last birthday) <u>13</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>minor</u>	11. BIRTHPLACE (City and state or country) <u>Adair Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Carley Eugene Conley</u>	
13b. MOTHER'S MAIDEN NAME <u>Ruth Lawson</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mrs. Ruth Conley-Kirksville, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fracture of the Neck</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Internal Injuries</u> DUE TO (c) <u>Fracture of Arms, & Left Leg</u> <u>Auto Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
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 checked="" 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.) <u>near head on auto on Mo. Hiway #6 App.</u>	
20c. TIME OF INJURY Hour <u>12:50p</u> Month, Day, Year <u>9/8/62</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>3 miles W. of U. S. # 62</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mo. Hiway # 6</u>	20f. CITY, TOWN, OR LOCATION <u>Kirksville, Adair, Mo.</u>	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred <u>12:50p</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Novel E. Foster</u> Novel E. Foster, Coroner Adair, Co. Kirksville, Adair, Mo.		22b. ADDRESS	22c. DATE SIGNED <u>9/10/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/11/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmer Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Elmer, Mo.</u>
24. FUNERAL DIRECTOR <u>Davis & Davis</u>		ADDRESS <u>Kirksville</u>	25. DATE RECD. BY LOCAL REG. <u>Sept 10, 1962</u>
		26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>	

Permit issued Sept 10, 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

Robert B. Davis

Licensed Embalmer No. _____

4219

P. O. Address _____

Kirkville, 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.