

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049170  
STATE FILE NUMBER  
62-049170

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 319 Primary Registration District No. \_\_\_\_\_ Registrar's No. 65

**FILED DEC 26 1962**

VS 300 Rev. 4/59	DATE AMENDED
0950	
220092	
3	
4 0	
5 1	
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7 0	
8 2	
9 976X	
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11	
12 90-3	
13 1-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>St. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Union Township</u>		Length of stay in 1b <u>few days.</u>	c. CITY OR TOWN <u>St. Louis 36,</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>10305 Lord St</u>
3. NAME OF DECEASED (Type or print) First <u>Willie</u> Middle <u>Benton</u> Last <u>Conway</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>10</u> Year <u>1962</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 8, 1925</u>
9. AGE (last birthday) <u>37</u>		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) <u>upholsterer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chromcraft -</u>	11. BIRTHPLACE (City and state or country) <u>Destoge, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>John Conway</u>	
13b. MOTHER'S MAIDEN NAME <u>Sylvia (Pigg) Conway</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy Marie (Darnell)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes - Merchant Marines - 1943-44</u>		17. INFORMANT <u>wife: Dorothy Conway</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>25 CAL. GUN SHOT WOUND OF RIGHT TEMPLE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>SUBSECU</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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	
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 checked="" 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>PLACING GUN TO RIGHT SIDE OF HEAD</u>	
20c. TIME OF INJURY <u>7:30</u>	Hour <u>7:30</u> a.m. _____ p.m. _____	Month, Day, Year <u>12 10 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>PUBLIC ROAD</u>	20f. CITY, TOWN, OR LOCATION <u>ST. GENEVIEVE</u>	COUNTY <u>CO</u> STATE <u>MO</u>
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Geo. E. Sauber</u>		(Degree or title) <u>Coroner</u>	22b. ADDRESS <u>St. Genevieve Mo</u>
22c. DATE SIGNED <u>14/12/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Dec. 13, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pigg Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Genevieve County, Mo.</u>
24. FUNERAL DIRECTOR <u>Alvin W. Hood</u>	ADDRESS <u>Flat River, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>16 Decmber 1962</u>	26. REGISTRAR'S SIGNATURE <u>George F. Wood</u>

USE BLACK INK OR TYPEWRITER RIBBON

DEC. 26 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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address FLAT RIVER, 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.