

FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27402

BIRTH NO.		REG. DIST. NO. 199		PRIMARY REG. DIST. NO. 5730		Registrar's No. 24			
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Macon					
b. CITY (If outside corporate limits, write RURAL and give town) Rural Drake Township		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Rural					
d. FULL NAME OF HOSPITAL OR INSTITUTION Catholic				d. STREET ADDRESS (If rural, give location) North of Ethel Mo					
3. NAME OF DECEASED (Type or Print) a. (First) Charley b. (Middle) C. c. (Last) Conley			4. DATE OF DEATH (Month) (Day) (Year) August 3 1949						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 26 1870			
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 9 Days 7		IF UNDER 4 HRS. Hours 7 Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Andrew J. Conlet			13b. MOTHER'S MAIDEN NAME Elizabeth Ann Richardson			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ora B. Conley		ADDRESS Ethel Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 years	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cancer of liver and biliary passages				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								157A	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from January 1949 , to August 3, 1949 , that I last saw the deceased alive on August 3, 1949 , and that death occurred at 6 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE <i>H. S. Leiby, D.D.</i> (Degree or title)				23b. ADDRESS Elmer Mo.		23c. DATE SIGNED 8/3/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Bural		24b. DATE Aug 5 1949		24c. NAME OF CEMETERY OR CREMATORY Helton		24d. LOCATION (City, town, or county) (State) Macon County Mo			
DATE REC'D BY LOCAL REG. 8/16/49		REGISTRAR'S SIGNATURE <i>Daphne Howerton</i>		FUNERAL DIRECTOR'S SIGNATURE <i>W. M. Call</i>		ADDRESS South Gifford Mo			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 501

RECEIVED AUG 18 1949
District Health Officer No. 10
District File Number 8-49-14
Date Filed AUG 18 1949

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 2052

P. O. Address South Gifford 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 this body is not embalmed, fact should be so stated above.