No. 300
10.48

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

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40343

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4059 Registrar's No. 448

12 0 0

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neelyville 7
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Butler 12
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Neely 0
d. STREET ADDRESS (If rural, give location): Neelyville Star Rt. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Charlie
b. (Middle):
c. (Last): Conley

4. DATE OF DEATH (Month) Dec (Day) 4 (Year) 1949

5. SEX: 2 Male
6. COLOR OR RACE: colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 7
8. DATE OF BIRTH: April 21, 1910
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): New Madrid, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Charlie Conley
13b. MOTHER'S MAIDEN NAME: Eliza Logan
14. NAME OF HUSBAND OR WIFE: Lillie Johnson Conley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Lillie Conley — **ADDRESS**: Neelyville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Internal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gun shot wound Right chest
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E98 | X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Neelyville Butler Mo
21d. TIME OF INJURY (Month) Dec (Day) 4 (Year) 1949 (Hour) 11:55 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Discharge of 20 Ga. Shot Gun

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Grover W. Greer Coroner
23b. ADDRESS: Poplar Bluff Mo.
23c. DATE SIGNED: Dec 8 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-10-49
24c. NAME OF CEMETERY OR CREMATORY: Conley cemetery
24d. LOCATION (City, town, or county) (State): Butler County Mo.

DATE REC'D BY LOCAL REG.: Dec 10-1949
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428 0
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Gish Funeral Home Naylor Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 16 1949
DEC 13 REC'D
1949 457
BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

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 Lyman McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.