

FILED JAN 11 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

40558

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>133 N. Water st.</u>		d. STREET ADDRESS (If rural, give location) <u>133 N. Water st.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>Conway</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25-49</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 8-1868</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR <u>0</u> Days	IF UNDER 4 HRS. <u>17</u> Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Spinster</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>"</u>	11. BIRTHPLACE (State or foreign country) <u>Clay Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>US.</u>		13a. FATHER'S NAME <u>John G. Conway</u>	
13b. MOTHER'S MAIDEN NAME <u>America Raymond</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> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. W. R. Hardin</u> ADDRESS <u>Liberty Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis +</u> DUE TO (c) <u>Hemiplegia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>March, 1949</u> , to <u>Dec 25, 1949</u> , that I last saw the deceased alive on <u>Dec 24, 1949</u> and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. W. Henderson, MD</u> (Degree or title)		23b. ADDRESS <u>Liberty, Mo.</u>	23c. DATE SIGNED <u>12/26/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec. 27, 1949</u>	REGISTRAR'S SIGNATURE <u>Minnie Hayes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. W. Henderson</u> ADDRESS <u>Liberty Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

JAN 4

District Health Officer No. 8,

District File Number _____

Date Filed 1-10-50

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 John L. L...

Licensed Embalmer No. 4448

P. O. Address Liberty 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.