

FILED SEP 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29388

State File No.

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 442 Registrar's No. 72

0090
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>REYNOLDS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LUTESVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LESTERVILLE Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOND HOME FOR AGED</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>	b. (Middle) <u>POSE</u>	c. (Last) <u>CONLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 14 1950</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Nov 4 1880</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>CHARLES CONLEY</u>	13b. MOTHER'S MAIDEN NAME <u>SARA</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CHARLES CONLEY</u>	ADDRESS <u>LESTERVILLE</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>156 A</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary arteriosclerosis of</u> DUE TO (c) <u>liver</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 checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2/6, 1949, to 10/14, 1950, that I last saw the deceased alive on 10/14, 1950, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Myers, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Lutesville Mo</u>	23c. DATE SIGNED <u>10/18/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Sept 17 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>TOWN SAUK</u>	24d. LOCATION (City, town, or county) (State) <u>LESTERVILLE Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 18, 1950</u>	REGISTRAR'S SIGNATURE <u>Walter Van Amburgh</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Funeral Home</u>	ADDRESS <u>Trouton</u>
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no.

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 Arcel J White

Licensed Embalmer No. 3017

P. O. Address Smith New

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.