

FILED APR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11256

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6128 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Midridge, Mo. 0900	
c. LENGTH OF STAY (in this place) 1 Month		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Eminence, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Charlie b. (Middle) J. c. (Last) Conway			4. DATE OF DEATH (Month) (Day) (Year) March, 28, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1892, July 29 58
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (State or foreign country) Rat, Mo. 0
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME John Conway		13b. MOTHER'S MAIDEN NAME Martha Jane Goforth	14. NAME OF HUSBAND OR WIFE Easter Conway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 497-16-3244	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Curtis Conway, Midridge, 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) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Hypertension 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 331x	
19c. INTERVAL BETWEEN ONSET AND DEATH 1 hr		19d. 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 Mar 2, 1951, to Mar 28, 1951, that I last saw the deceased alive on March 28, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) Curtis F. Wilson, Registrar		23b. ADDRESS Eminence, Mo.	23c. DATE SIGNED 3-30-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE march 29, 1951	24c. NAME OF CEMETERY OR CREMATORY Conway Cemetery	24d. LOCATION (City, town, or county) (State) Reynolds County, Mo.
DATE REC'D BY LOCAL REG. Apr 7 51	REGISTRAR'S SIGNATURE Mabel Green 447	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hobson + GYANTHAM, Salem, Mo.	

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

1010

RECEIVED

APR 10 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Salem, 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.