

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

MAR 17 1952

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 65

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Morgan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Syracuse Mo</u> | |
| c. LENGTH OF STAY (in this place) <u>30 days</u> | | d. STREET ADDRESS (If rural, give location) <u>Main St 0710</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles E. Steel Osteopathic</u> | | | |

| | | | | | |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print), a. (First) <u>Susan</u> b. (Middle) <u>-</u> c. (Last) <u>Conley</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 13, 1952</u> | | |
|--|--|--|---|--|--|

| | | | | | | | |
|----------------------|-------------------------------|---|--|---|------------------------|-----------------------|-----------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>April 25, 1893</u> | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours | IF UNDER 15 MIN. Min. |
|----------------------|-------------------------------|---|--|---|------------------------|-----------------------|-----------------------|

| | | | |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Translator</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Williamstown, Kansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>America</u> |
|---|---|---|---|

| | | |
|--|--|--|
| 13a. FATHER'S NAME <u>Bonham Stanley</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Dick</u> | 14. NAME OF HUSBAND OR WIFE <u>James Conley (deceased)</u> |
|--|--|--|

| | | |
|--|----------------------------------|--|
| 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>-</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>James N. Conley</u> ADDRESS <u>Syracuse 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> | | 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) <u>Congestive heart failure</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|--------------------------------------|--|--|
| 19a. DATE OF OPERATION <u>2/1/52</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Cholecystectomy - cholelithiasis</u> | 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 Feb 13, 1952, to March 13, 1952, that I last saw the deceased alive on March 13, 1952, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

| | | |
|--|---|------------------|
| 23a. SIGNATURE <u>R. A. Michael D.D.</u> (Degree or title) | 23b. ADDRESS <u>Jefferson City, Mo 3-1456</u> | 23c. DATE SIGNED |
|--|---|------------------|

| | | | |
|--|-----------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove - Buried</u> | 24b. DATE <u>1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Syracuse</u> | 24d. LOCATION (City, town, or county) (State) <u>Syracuse, Mo.</u> |
|--|-----------------------|--|--|

| | | | |
|---|--|--|---------|
| DATE REC'D BY LOCAL REG. <u>March 14 - 1952</u> | REGISTRAR'S SIGNATURE <u>R. P. Davis MD MR</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James E. Richards, Tipton Mo</u> | ADDRESS |
|---|--|--|---------|

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

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.....

James E. Richards

Licensed Embalmer No. *2466*

P. O. Address *Lipton 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.