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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0825

FILED MAR 4 - 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>MARION</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>MARION</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANNIBAL</u>		c. LENGTH OF STAY (in this place) <u>7 WK</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANNIBAL</u>		d. STREET ADDRESS (If rural, give location) <u>1401 R. OWENS AVE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>1401 R. OWENS AVE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>TOMMIE</u> b. (Middle) <u>OPAL</u> c. (Last) <u>CONLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-21-1953</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 24, 1889</u>	9. AGE (in years last birthday) <u>63</u>	10. IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>
13a. FATHER'S NAME <u>JOHN D BYARS</u>		13b. MOTHER'S MAIDEN NAME <u>VIRGINIA BYARS</u>		14. NAME OF HUSBAND OR WIFE <u>PORTER LEE CONLEY</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.	17. INFORMANT'S SIGNATURE OR NAME <u>Porter Lee Conley - Home, 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>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>4200</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial asthma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant.</u> <u>years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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) <u>Lannibal Marion Mo.</u>	
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>5/2/51</u> , 19 <u> </u> , to <u>2/21/53</u> , 19 <u> </u> , that I last saw the deceased alive on <u>2/21/53</u> , 19 <u> </u> , and that death occurred at <u>4:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>[Signature]</u>			23b. ADDRESS <u>Lannibal Mo.</u>		23c. DATE SIGNED <u>2/23/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-24-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GRANDVIEW CEMET.</u>		24d. LOCATION (City, town, or county) (State) <u>LANNIBAL, MO</u>	
DATE REC'D BY LOCAL REG. <u>2/24/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 3 1958
MARION CO. HEALTH DEPT.
DATE FILED MAR 5 1958

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

Ralph Clark

Licensed Embalmer No. *4217*

P. O. Address *Hannibal, 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.