No. 300
10.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

27897

State File No.

BIRTH NO. Aug REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 328

**1. PLACE OF DEATH**
a. COUNTY: Jackson (Blue)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 24 Hiway & Salisbury Rd. RR 2

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Independence
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ (Blue)
e. STREET ADDRESS (If rural, give location): 24 Hiway & Salisbury Rd. RFD 2

**3. NAME OF DECEASED** (Type or Print)
a. (First): Martin
b. (Middle): Edward
c. (Last): Conroy

**4. DATE OF DEATH** (Month) (Day) (Year): Aug. 15, 1954

**5. SEX**: male
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Feb. 28, 1887
**9. AGE** (In years last birthday): 67 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Resturant operator
**10b. KIND OF BUSINESS OR INDUSTRY**: Self Employed
**11. BIRTHPLACE** (City and State or Foreign Country): Chicago, Illinois
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: John Conroy
**13b. MOTHER'S MAIDEN NAME**: Catherin Myers
**14. NAME OF HUSBAND OR WIFE**: Mrs. Marie Conroy

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: 496 03 6316
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Marie Conroy
**ADDRESS**: RFD 2, Indep., 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) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerotic heart Disease — 5 years
DUE TO (c) hypertensive vascular Disease — 5 years

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**: None
**19b. MAJOR FINDINGS OF OPERATION**: 4200
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 12 Feb, 1953, *to* 15 Aug, 1954, *that I last saw the deceased alive on* 13 Aug, 1954, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Blair Z Hibbard
**(Degree or title)**: MD
**23b. ADDRESS**: 411 Nichols RD Kansas City Mo
**23c. DATE SIGNED**: 16 Aug 54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Aug. 17, 1954
**24c. NAME OF CEMETERY OR CREMATORY**: Greenlawn Cemetery
**24d. LOCATION** (City, town, or county) (State): Kansas City, Missouri

**DATE REC'D BY LOCAL REG.**: 8-17-54
**REGISTRAR'S SIGNATURE**: James R Craig
**25. FUNERAL DIRECTOR'S SIGNATURE**: Geo. C. Carson
**ADDRESS**: Geo. C. Carson Funeral Home Indep., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

VS AUG 24 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Dean W. Huff.....

Licensed Embalmer No. 4914

P. O. Address Independence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.