

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

10770

State File No.

360

PRIMARY REG. DIST. NO. 3076

Registrar's No. 45

BIRTH NO. _____ REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY <u>VERMONT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CEDAR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEVADA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELDORADO SPE'S</u>	
c. LENGTH OF STAY (in this place) <u>19 mo</u>		d. STREET ADDRESS (If rural, give location) <u>2201 /</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ANDERSON NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print) <u>OLIVE</u>	a. (First)	b. (Middle)	c. (Last) <u>CONLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MOY 17 1955</u>
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5. SEX <u>FEM</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>MAY 9 - 1873</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months	IF UNDER 48 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>NOT KNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C.A. Anderson, #507 So. Cedar St. Nevada, MO</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Age</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada Vernon MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>No Injury</u>
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22. I hereby certify that I attended the deceased from Mar 15, 1955 to Mar 17, 1955, that I last saw the deceased alive on Mar 15, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Love MD</u> (Degree or title)	23b. ADDRESS <u>Nevada MO</u>	23c. DATE SIGNED <u>3/19/55</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-19-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>	24d. LOCATION (City, town, or county) (State) <u>ELDORADO SPE'S MO</u>
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DATE REC'D BY LOCAL REG <u>3-24-55</u>	REGISTRAR'S SIGNATURE <u>Anna E. Forder</u> (151)	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Fernald</u>	ADDRESS <u>Home Eldorado MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

FILED MAR 29 1955

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 Hugh S. Allen

Licensed Embalmer No. 2844

P. O. Address El Dorado Springs

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.