

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3725

State File No. _____

BIRTH NO. 12707-56 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 39

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| 1. PLACE OF DEATH a. COUNTY <u>Barry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u> | c. LENGTH OF STAY (in this place) <u>26 1/2 hours</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Piave City</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>Route 2</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby Girl</u> (Middle) <u>Conway</u> c. (Last) <u>Conway</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-5-1956</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Newborn</u> | 8. DATE OF BIRTH <u>3-4-1956</u> | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>26</u> Days <u>1</u> IF UNDER 12 HRS. Hours <u>26</u> Min. <u>1</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>St. Vincent's Hospital Monett, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>0</u> |

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| 13a. FATHER'S NAME <u>Roy L Conway</u> | 13b. MOTHER'S MAIDEN NAME <u>Ludella Frity</u> | 14. NAME OF HUSBAND OR WIFE |
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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. <u>-</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mother - Ludella Conway</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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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 |
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22. I hereby certify that I attended the deceased from Mar 4, 1956 to Mar 5, 1956, that I last saw the deceased alive on Mar 4, 1956, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>J. D. Edwards M.D.</u> | 23b. ADDRESS <u>Monett, Mo</u> | 23c. DATE SIGNED <u>Mar 5-1956</u> |
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| 24a. BURYAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/6/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Friestatt Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Lawrence County, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>3/6/56</u> | REGISTRAR'S SIGNATURE <u>Mrs. P. D. Cook</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. D. Buchanan</u> ADDRESS <u>Monett, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 356-50

DATE REC. 3-12-56

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

J. P. Buchanan
Licensed Embalmer No. 3179

P. O. Address Monett, 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.