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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19802

FILED JUN 18 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5169 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>N. Carolina</u> b. COUNTY <u>Mecklenburg</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Nine Mile Prairie Twp.</u>)		c. CITY OR TOWN <u>Charlotte</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 40 8 miles E 54</u>		e. STREET ADDRESS (If rural, give location) <u>2437 Kingbury</u>	

\$ 32.08

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice Louise</u> b. (Middle) <u>Conant</u> c. (Last) <u>Conant</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 17, 1956</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>Aug. 22, 1923</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months _____ Days _____
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 <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>George D. Martin</u>	13b. MOTHER'S MAIDEN NAME <u>Zelda Manship</u>	14. NAME OF HUSBAND OR WIFE <u>B.H. Conant</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>
17. INFORMANT'S SIGNATURE OR NAME <u>B.H. Conant</u>		ADDRESS <u>Charlotte N.C.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Crushed Thorax</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>
MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Thorax</u>		
ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		
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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>9 Mile Prairie Twp.</u> (COUNTY) <u>Callaway</u> (STATE) <u>Mo.</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 11 56 5:15 pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hiway Accident</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 pm, from the causes and on the date stated above.

23a. SIGNATURE <u>Lang A. Stearns</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Fulton Callaway County Mo.</u>	23c. DATE SIGNED <u>6/11/56</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/12/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>AK</u>
24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri.</u>		

DATE REC'D BY LOCAL REG. <u>June 16 1956</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mansie</u> ADDRESS <u>Fulton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 21 1956

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.....
Signature of Student Embalmer

Signed *J. V. Rossion*.....

Licensed Embalmer No. *255*

P. O. Address *Fullerton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.