

health, welfare, public service, 300 1-56, All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF REALTY OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3496

STATE FILE NUMBER

FILED FEB 5 1957

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Washington</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Rich Hill</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <b>3 mile North of Nevada on 71 highway.</b>				Length of stay in lb <b>Nevada</b>		d. STREET ADDRESS (If outside, give location) <b>414 W. Walnut</b>		
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Conger</b> Last <b>Conger</b>				4. DATE OF DEATH Month <b>Jan.</b> Day <b>19,</b> Year <b>1957</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb. 6, 1892</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Auto-Parts</b>		11. BIRTHPLACE (City and state or country) <b>Rich Hill, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>William Conger</b>				14. MOTHER'S MAIDEN NAME <b>Jessie Pearl</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W. W. I</b>			16. SOCIAL SECURITY NO. <b>492-18-4629</b>		17. INFORMANT <b>Mrs. F. R. Metcalf</b>			Address <b>Iantha, Mo.</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Compound fractures of both femurs, fracture of neck, fracture mandible, crushing injury to chest</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <b>20 min</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Automobile accident</b>					
20c. TIME OF INJURY <b>9:45 p.m. 1/19/57</b>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>US 71 GM/N</b>			20f. CITY, TOWN, OR LOCATION <b>Vernon</b>		COUNTY <b>MO</b>		STATE <b>MO</b>	
21. I attended the deceased from <b>1/19/57</b> to _____ and last saw her/him alive on _____ Death occurred at <b>Deer Creek, Bates Co, Mo</b> on the _____ day of _____, 1957, as stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE OF DECEASED (Degree or title) <b>For W. Conger</b>			22b. ADDRESS <b>Nevada, Mo</b>		22c. DATE SIGNED <b>1/21/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1/20/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Rich Hill, Missouri</b>			
24. FUNERAL DIRECTOR <b>Booth Funeral Service-Rich Hill, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>2-2-1957</b>		26. REGISTRAR'S SIGNATURE <b>Anna J. Ferry</b>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

REB  
9 1957

MAR 22 1957

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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  *Percy F. Milster*  .....

Licensed Embalmer No.  *486*

P. O. Address  *Nevada*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.