

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1957

57-017588
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 261

300
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		c. CITY OR TOWN JOPLIN	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) ST. JOHN'S HOSP.		d. STREET ADDRESS (If outside, give location) 1511 MOFFET AVE.	
Length of stay in 1b 60 YRS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JESSIE Middle MAUD Last CONWAY			4. DATE OF DEATH Month MAY Day 28 Year 1957
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 4, 1879
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and state or country) HUMANSVILLE, MO.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME CHARLES W. WHITE		13b. MOTHER'S MAIDEN NAME MARY C. PLATTER	14. NAME OF HUSBAND OR WIFE HUGH M. CONWAY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT Address HUGH M. CONWAY, 1511 MOFFET AVENUE
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Postero lateral myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Coronary Insuff			
DUE TO (c):			
*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 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.) 4201	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 25 May 57 to 28 May 57 and last saw her alive on 28 May 57 Death occurred at 8:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. S. Davis M.D. (Degree or title)		22b. ADDRESS Galena, Kans.	22c. DATE SIGNED 30 May 57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-31-57	23c. NAME OF CEMETERY OR CREMATORY SAGINAW CEMETERY,	23d. LOCATION (City, town, or county) (State) SAGINAW, MISSOURI
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 6-5-57	26. REGISTRAR'S SIGNATURE Dove Merriam

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

County File Number 57-6-486
Date Filed JUN 12 1957

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 *F. M. Jones*

Licensed Embalmer No. 2319

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