

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36299**

FILED OCT 24 1957

BIRTH NO. _____ REG. DIST. NO. **154** PRIMARY REG. DIST. NO. **5575** Registrar's No. **83**

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission.)
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township)
Rural Washington

c. LENGTH OF STAY (in this place)
5 yrs

c. CITY OR TOWN **Grandview**

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION
141st St & 71 Highway

e. STREET ADDRESS (If rural, give location)
14103 South Haven Road 7000

3. NAME OF DECEASED
a. (First) **Dennis** b. (Middle) **Michael** c. (Last) **Conway**

4. DATE OF DEATH
(Month) (Day) (Year)
10-12-57

5. SEX
Male

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)
Never Married

8. DATE OF BIRTH
1-29-47

9. AGE (in years last birthday) **10**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 1 HR.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Student

10b. KIND OF BUSINESS OR INDUSTRY
Public School

11. BIRTHPLACE (City and State or Foreign Country) **0**
Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
James H. Conway Sr.

13b. MOTHER'S MAIDEN NAME
Bee Chandler

14. NAME OF HUSBAND OR WIFE
- - -

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.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
J.H. Conway Sr. Grandview, Missouri

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Fractures & lacerations resulting from multiple skull fractures & subdural hemorrhage, compound fracture of right forearm and left thigh.**
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 **Marsupial retroperitoneal hemorrhage**
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY? YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Grandview Jackson Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
10-12-57 5:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
Struck by car

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Dw C Sealor MD Dep. Coroner

23b. ADDRESS
6627 Prospect, Kansas City, Mo

23c. DATE SIGNED
10/13/57

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
10-14-57

24c. NAME OF CEMETERY OR CREMATORY
Floral Hills Cem.

24d. LOCATION (City, town, or county) (State)
Raytown, Missouri

DATE REC'D BY LOCAL REG.
10-13-57

REGISTRAR'S SIGNATURE
Dwight Sealor

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
E. K. George & Sons, Inc Grandview, Mo.
By St. Roddick

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

498-0

OCT 23 1967

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.....
Stirling E. Goodard

Licensed Embalmer No. 4911

P. O. Address.....
Grandville

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.