

FILED MAR 4 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008548
STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 6206 Registrar's No. 14

300
-57

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE, (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Raymondville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Raymondville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b <u>1 yr.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u></u> Last <u>Conley</u>			4. DATE OF DEATH Month <u>2</u> Day <u>22</u> Year <u>58</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-24-1877</u>		9. AGE (In years last birthday) <u>81</u>	10. FUNDING YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NUMBER MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sawmill</u>		11. BIRTHPLACE (City and state or country) <u>Ozark County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Conley</u>			13b. MOTHER'S MAIDEN NAME <u>Mandy Hale</u>			14. NAME OF HUSBAND OR WIFE <u>Ora</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Blueford Conley-Raymondville, Mo</u> Address	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac & pulmonary arrest</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>cachexia & debilitation</u>		
	DUE TO (c) <u>Cerebral vascular accident</u>		
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.)		
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>					

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 <u>Death on arrival</u> and last saw ^{her} _{him} alive on <u></u> Death occurred at <u>3:00 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>B. J. Myers Do</u> (Degree or title)				22b. ADDRESS <u>Licking, Mo</u>				22c. DATE SIGNED <u>2-26-58</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>2-25-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sauder Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Sauder Missouri</u>			
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24. FUNERAL DIRECTOR <u>Elliott Funeral Home-Houston, Mo</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>2-28-58</u>		26. REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>			
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc.: Most use only space provided. All diseases in Part I must be causally related.

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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 *Frank E. Hood*

Licensed Embalmer No. *4026*
P. O. Address *Houston, Tex.*

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.