

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018865

STATE FILE NUMBER

FILED JUN 4 1958 Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Higginsville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Higginsville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>113 W. 16th St.</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>113 W. 16th St.</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>WILLIAM MARTIN CONWAY</b>			4. DATE OF DEATH Month Day Year <b>May 8 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2-DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 31, 1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mining</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Coal</b>	9. AGE (In years less birthday) <b>66</b>
13a. FATHER'S NAME <b>Jacob Conway</b>		13b. MOTHER'S MAIDEN NAME <b>Annie McBain</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>187-09-7594</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
14. NAME OF HUSBAND OR WIFE			17. INFORMANT Address <b>Amanda Horn (Sister) Higginsville, 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>Infected decubitus ulcer sacral area</b>			INTERVAL BETWEEN ONSET AND DEATH <b>about 6 wks.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Parkinsonism Severe and Progressive</b>			<b>several years.</b>
DUE TO (c) <b>Cerebral arterio sclerosis</b>			<b>350X Several yrs.</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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
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 <b>Apr. 14, 1958</b> to <b>May 8, 1958</b> and last saw him alive on <b>May 7, 1958</b> Death occurred at <b>8:00 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Dr. E. Aulerson M.D.</b>		22b. ADDRESS <b>Higginsville Mo.</b>	22c. DATE SIGNED <b>5-27-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 11, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Muncie Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Higginsville Missouri</b>
24. FUNERAL DIRECTOR <b>W. J. Hader</b>		25. DATE RECD. BY LOCAL REG. <b>5-29-1958</b>	26. REGISTRAR'S SIGNATURE <b>Marie D. Daily</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 25 1958

JUL 1 1958

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 *Wm. L. Thurman* .....

Licensed Embalmer No. *4563* .....

P. O. Address *Richmond, Va.*

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.