

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

58-022194  
STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 131

**FILED JUN 25 1958**

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Prairie</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City,</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jackson Co. Hos</u>		Length of stay in lb <u>5 mo</u>	d. STREET ADDRESS (If outside, give location) <u>379 1/2 5618 Jackson</u>

3. NAME OF DECEASED (Type or print) First <u>Ollie</u> Middle <u>KATHERINE</u> Last <u>Conwell</u>			4. DATE OF DEATH Month <u>6</u> Day <u>11</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-17-1882</u>		9. AGE (In years last birthday) <u>76</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT Home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>SEBREE, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>CLARK REEVS</u>	13b. MOTHER'S MAIDEN NAME <u>JULIA A. HEMSWORTH</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wd, ag, dates of service) <u>NO NONE</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>CHARLES MACKAY, 5418 JACKSON</u>
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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>CEREBRAL thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>Arteriosclerosis</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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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 <u>332X</u>	COUNTY _____ STATE _____
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21. I attended the deceased from <u>January 1958</u> , to <u>June 1958</u> and last saw her alive on <u>June 11th. 58</u> Death occurred at <u>6-11-58 10:55</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <u>[Signature]</u>	22b. ADDRESS <u>Jackson Co. Hosp.</u>	22c. DATE SIGNED <u>6/12/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6-12-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>McCullough</u>	23d. LOCATION (City, town, or county) (State) <u>TRIPLETT, Mo.</u>
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24. FUNERAL DIRECTOR <u>WAGNER F.H. Linnwood &amp; wife</u>	ADDRESS <u>6-12-58</u>	25. DATE RECD. BY LOCAL REG. <u>6-12-58</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

JUN 24 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 *Thomas J. Fackler* .....

Licensed Embalmer No. *4995* .....  
P. O. Address *K.C., 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.