

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014425

STATE FILE NUMBER

Registration District No. 282 Primary Registration District No. _____ Registrar's No. 57

FILED MAY 13 1959

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| 1. PLACE OF DEATH a. COUNTY Polk | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Humansville, Missouri | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Humansville, Mo. | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home, Highway E | Length of stay in 1b 7 months | d. STREET ADDRESS Highway-E | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Everett Clark Conway, Sr. | 4. DATE OF DEATH Month Day Year April 30, 1959 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 16, 1905 | 9. AGE (In years last birthday) 54 | IF UNDER 1 YEAR Months Days Hours Min. 2 28 | IF UNDER 24 HRS. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Foreman | 10b. KIND OF BUSINESS OR INDUSTRY Highways | 11. BIRTHPLACE (City and state or country) Vernon County Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME George Conway | 13b. MOTHER'S MAIDEN NAME Minnie Ellen Hubbard | 14. NAME OF DECEASED'S WIFE Josephine Conway |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) no | 16. SOCIAL SECURITY NO. 496-07-6318 | 17. INFORMANT Address Humansville, Mo. Mrs. Josephine Conway, Wife |
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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) Sq. cell Carcinoma, metastatic to central nervous system Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) 1919 | INTERVAL BETWEEN ONSET AND DEATH 6 mo. |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Primary site of Carcinoma never found | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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.) |
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| 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 |
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| 21. I attended the deceased from Jan 26, 1959 to 4/30/59 and last saw her alive on 4/6/59 Death occurred at 11:50 AM 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) Thomas J. Cochran M.D. | 22b. ADDRESS Springfield Mo. | 22c. DATE SIGNED 5/2/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE May 2, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park | 23d. LOCATION (City, town, or county) (State) Nevada, Vernon, Missouri |
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| 24. FUNERAL DIRECTOR Hays Funeral Service, Inc. | ADDRESS Nevada, Missouri | 25. DATE RECD. BY LOCAL REG. May 5, 1959 | 26. REGISTRAR'S SIGNATURE Ralph Dordenper Jewell |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Caution: Entries on this form are for statistical purposes only. Standard nomenclature in death 16. No symptoms will be treated. All diseases in Part I must be causally related.

MAY 18 1959

MAY 19 1959

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 *Richard L. Steffen*

Licensed Embalmer No. *3053*
P. O. Address *St. Louis, 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.