

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043102

FILED VS NOV 25 1959

STATE FILE NUMBER

Registration District No. 355 Primary Registration District No. 6203 Registrar's No. _____

ENDED

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>Current Twp</u>		Length of stay in 1b		c. CITY OR TOWN <u>JACKSON Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>He-Way 5mi E Raymondville, Mo.</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1/2 mi. W. Raymondville, Mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>Bluford</u> Middle _____ Last <u>Conley</u>				4. DATE OF DEATH Month <u>10</u> Day <u>28</u> Year <u>59</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>3-1-10</u>	
9. AGE (last birthday) <u>49</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Ozark Co. Mo.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>John Conley</u>				13b. MOTHER'S MAIDEN NAME <u>Ora Tetrick</u>		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) <u>yes WW II</u>				16. SOCIAL SECURITY NO. <u>500-14-4346</u>		17. INFORMANT Address <u>Nora York-Raymondville, Mo.</u>	
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>SKULL FRACTURE + NECK FRACTURE</u> DUE TO (b) <u>FRACTURE</u> DUE TO (c) <u>STRUCK BY TRUCK</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>STRUCK BY TRUCK, WALKING ON HIGHWAY</u>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year <u>11" 5 1/2 MI. E. OF RAYMONDVILLE MO.</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY "T"</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>CURRENT TWP., TEXAS, MO.</u>			
21. I examined the deceased <u>on 10-28-59</u> to <u>5:10 p.m.</u> and last saw her <u>alive on</u> _____				Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James Keaty, Coroner</u>				22b. ADDRESS <u>Caloon, Mo.</u>		22c. DATE SIGNED <u>10-31-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-31-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Souder Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Douglas County, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Raymond E. Duff, Houston, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-19-59</u>		26. REGISTRAR'S SIGNATURE <u>Anna Roberts</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 19 1960

MAR 23 1960

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

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.