

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7225
Registrar's No. 401

FILED FEB 27 1957

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6128

1010

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Eminence</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Eminence</u>	d. STREET ADDRESS (If rural, give location) <u>1010</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u> b. (Middle) <u>Mae</u> c. (Last) <u>Conway</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14 1957</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 18 1886</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>26</u>	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hoesekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Rat Shannon Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Swiney</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Copeland</u>			14. NAME OF HUSBAND OR WIFE <u>Joseph Henry Conway</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Stella Lee Bolin</u>		ADDRESS <u>Eminence</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal syndrome</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General debility</u> DUE TO (c) <u>Generalized arthritis</u>		years _____
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		years _____
	19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ (COUNTY) _____ (STATE) <u>2</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 12-13-54, to 2/14/57, 1957, that I last saw the deceased alive on 2/14/57, 1957, and that death occurred at 10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u> Rufus F. Wilson, D.D. </u>		23b. ADDRESS <u>Eminence, Mo.</u>		23c. DATE SIGNED <u>2/18/57</u>			
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/17/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>	24d. LOCATION (City, town, or county) (State) <u>Piedmont Mo</u>				
DATE REC'D BY LOCAL REG. <u>2/23/57</u>		REGISTRAR'S SIGNATURE <u>Mae Ornelis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William Leader</u>		ADDRESS <u>Piedmont Mo</u>	

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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 _____

Coder Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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 this body is not embalmed, fact should be so stated above.