

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007837

FILED VS. FEB 16 1960 316

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farmington Hwy. 67-Rural</u>		Length of stay in lb <u>5 Days</u>	c. CITY OR TOWN <u>Bismarck</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Funeral Home Osteopathic Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Hwy #32 3 Blks. City Limits</u>

3. NAME OF DECEASED (Type or print) First <u>KING</u> Middle <u>DARIUS</u> Last <u>CONWAY</u>			4. DATE OF DEATH Month <u>February</u> Day <u>7</u> Year <u>1960</u>		
--	--	--	---	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-12-81</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>25</u>	IF UNDER 24 HR Hours _____ Min. _____
-----------------------	----------------------------------	---	-------------------------------------	-------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (City and state or country) <u>Gladden, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
---	--	---	---

13a. FATHER'S NAME <u>Payten Conway</u>	13b. MOTHER'S MAIDEN NAME <u>Martha McCarter</u>	14. NAME OF HUSBAND OR WIFE <u>Tamar 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. <u>499-03-5511</u>	17. INFORMANT Address <u>Mrs. Tamar Conway Bismarck, 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>Congestive Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Decompensated Heart Disease</u>	<u>Weeks</u>
	DUE TO (c) <u>Arteriosclerosis</u>	<u>Years</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 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.)
--	---	--

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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 <u>April 9, 1959</u> to <u>Feb. 6, 1960</u> and last saw him alive on <u>Feb. 6, 1960</u> Death occurred at <u>12:10 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <u>M. M. Beck</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Bismarck, Missouri</u>	22c. DATE SIGNED <u>2-8-60</u>
---	---	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-9-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>	23d. LOCATION (City, town, or county) (State) <u>Bismarck, Missouri</u>
--	----------------------------	--	--

24. FUNERAL DIRECTOR <u>Shipman &amp; Sons</u> ADDRESS <u>Bismarck, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 8, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>
---	---	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John N. Shipman

Licensed Embalmer No. 4881

P. O. Address Bismarck,

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.