

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

10703

State File No. _____

No. 300
10-48
FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6128 Registrar's No. 314

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If location: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>	
b. CITY OR TOWN <u>Eminence Mo.</u>		c. CITY OR TOWN <u>Eminence Mo.</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>Rural. 1010</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>Garman</u> c. (Last) <u>Conway</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 4-1955</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>April 16-1919</u>		9. AGE (In years last birthday) <u>35</u> 10. <u>10</u> 11. <u>16</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucking</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>The Conway.</u>		13b. MOTHER'S MAIDEN NAME <u>Nela Marcus.</u>		14. NAME OF HUSBAND OR WIFE <u>Anne 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 ADDRESS <u>The Conway Eminence Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple skull fractures</u>		II. OTHER SIGNIFICANT CONDITIONS		sudden	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
DUE TO (b) <u>Jumping from truck going out of control. Head struck pavement</u>		DUE TO (c) <u>Faulty brakes and broken drive shaft. Truck loaded. E8290</u>			
Conditions contributing to the death but not related to the disease or condition causing death. <u>32</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Suicide Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Route #19, mile N.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Shannon 101 Missouri</u>	
21d. TIME OF INJURY <u>Mar. 4th, '55, 3:06 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Jumping from truck out of conyrol due to broken drive shaft and no brak</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:06Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. F. Wilson</u> (Degree or title)		23b. ADDRESS <u>Shannon County Cor. Eminence, Mo.</u>		23c. DATE SIGNED <u>4/1/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>		24b. DATE <u>Mar 6-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eminence Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Eminence Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Mabel Reese</u>		24f. ADDRESS <u>Shannon Funeral Home Mtn. View Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-2-55</u>		REGISTRAR'S SIGNATURE <u>Mabel Reese</u>		447	

(Licensed Embalmer's Statement on Reverse Side)

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

126 9
1958

MAY 3 1958

APR 5 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.....
John J. Duncan

Licensed Embalmer No. *25*

P. O. Address *St. Louis*

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.