

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0004986

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
 AMENDED

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED
Rev. 4/59		
1 1010		
2 1010		
3		
4 0		
5 1		
6		
7 1		
8 0		
9 5870		
10		
11		
12 90-2		
13 1-0		
	INSTEAD OF	
	SHOULD READ	
	ITEM NO.	
	BY AFFIDAVIT OF	

FILED FEB 1 1965

Registration District No. 334 Primary Registration District No. 4493 Registrar's No. 260

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, give TOWNSHIP only) OR TOWN <u>Birch Tree</u>		c. CITY OR TOWN <u>Birch Tree</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>Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Birch Tree</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Luther Morris Conelley</u>		4. DATE OF DEATH Month Day Year <u>January 24 1965</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/23/93</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Detective</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Upland, Indiana</u>
13a. FATHER'S NAME <u>James M. Conelley</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Bell Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha A. Conelley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. # 1</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Bertha A. Conelley Birch Tree 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>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute Gastritis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 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			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>6 days</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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>Jan. 18, 1965</u> to <u>Jan. 24, 1965</u> and last saw <sup>her</sup> him alive on <u>Jan. 22, 1965</u> Death occurred at <u>S.A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>D. J. Devins S.O.</u>		22b. ADDRESS <u>Birch Tree</u>	22c. DATE SIGNED <u>1-26-65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/26/65</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>
24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn View, Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Birch Tree, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>1-29-1965</u>
26. REGISTRAR'S SIGNATURE <u>Malcolm Rose</u>			

8899000

FEB 4 1965

**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

*Charles D. Crutcher*

Licensed Embalmer No. 5107

P. O. Address 774 N. Lincoln St. 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.