

FILED JAN 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3703

State File No.

BIRTH NO.		REG. DIST. NO. 26		PRIMARY REG. DIST. NO. 103		Registrar's No. 1103	
1. PLACE OF DEATH a. COUNTY Scotland				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Scotland			
b. CITY (If outside corporate limits, write RURAL and give township) Arbela		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Arbela		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) AMBROSE		b. (Middle)		c. (Last) CONKLE		4. DATE OF DEATH (Month) (Day) (Year) Jan. 11 1949	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 7 1872	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years) IF UNDER 1 YEAR Months Days Hours Min. 76 1 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Luray Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter Conkle		13b. MOTHER'S MAIDEN NAME Ruth Selby		14. NAME OF HUSBAND OR WIFE Dora Helen Conkle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Merle Sisson Luray Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. With associated chronic infected ulcers of leg				INTERVAL BETWEEN ONSET AND DEATH 4705 years 2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 October 11, 1948 , to January 19 49 , that I last saw the deceased alive on January 4, 1949 , and that death occurred at 4:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. M. Simler D.O.				23b. ADDRESS Gorin, Mo.		23c. DATE SIGNED January 14 1949 (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 14, 1949		24c. NAME OF CEMETERY OR CREMATORY Combs Cemetery		24d. LOCATION (City, town, or county) Luray, Missouri	
DATE REC'D BY LOCAL REG. 1/18/49		REGISTRAR'S SIGNATURE MA Bator		25. FUNERAL DIRECTOR'S SIGNATURE 10		ADDRESS Intertemp Funeral Home, Arbela	

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

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JUL

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
Student Embalmer

Signed _____

Alis L. Luttinger

Licensed Embalmer No. _____

22965

P. O. Address _____

Way

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.