

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

7377

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5113</u>		Registrar's No. <u>210</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Rural Union</u>)		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union</u>		d. STREET ADDRESS (If rural, give location) <u>Seven miles north Patton</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>Caroline</u> b. (Middle) <u>virgina</u> c. (Last) <u>Conrad</u>				4. DATE OF DEATH (Month) <u>Mar</u> (Day) <u>7</u> (Year) <u>1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>July 27/1874</u>	
9. AGE (In years) <u>74</u> (Months) <u>8</u> (Days) <u>8</u> (Hours) <u>4</u> (Min.)		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>		11. BIRTHPLACE (State or foreign country) <u>Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Owen Webb</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Webb</u>		14. NAME OF HUSBAND OR WIFE <u>Eugene Webb Conrad</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Conrad</u> ADDRESS <u>Patton Mo.</u>			
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) <u>Chronic Bihmans Bronchitis</u> INTERVAL BETWEEN ONSET AND DEATH 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		5017	
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) (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 <u>Jan 1, 1947</u> , to <u>Mar 7th, 1949</u> , that I last saw the deceased alive on <u>Mar 7, 1949</u> , and that death occurred at <u>m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edw. Crites M.D.</u> (Degree or title)				23b. ADDRESS <u>Sledgeville Mo.</u>		23c. DATE SIGNED <u>3/8/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar, 9/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Baptist cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bollinger Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 8 1949</u>		REGISTRAR'S SIGNATURE <u>Willie Vandenberg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen E. Ginder</u> ADDRESS <u>Lutesville Mo.</u>			

(Licensee/Embalmer's Statement on Reverse Side)

Register No. 4
349-361
3-16-49

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *Gene C Cracoff*

Licensed Embalmer No. *4317*

P. O. Address *Jackson 710*

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.