

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 7 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 275

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY OR TOWN <u>Cape Girardeau Mo. Beyond</u>		c. CITY OR TOWN <u>Poplar Bluff</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis</u>		d. STREET ADDRESS (If rural, give location) <u>828 Garfield</u>	

3. NAME OF DECEASED (First) <u>Dora</u>	b. (Middle) <u>Conklin</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>8-17-1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Caucas</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-17-1881</u>	9. AGE (In years last birthday) <u>67</u>	if UNDER 1 YEAR Months <u>8</u> Days <u>0</u>	if UNDER 24 HRS. Hours <u>0</u> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Jackson County Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Mose Hardin</u>	13b. MOTHER'S MAIDEN NAME <u>M. Robinson</u>	14. NAME OF HUSBAND OR WIFE <u>Rev. Carl Conklin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Geo. Rabuck</u> ADDRESS <u>Cape Girardeau Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u> (Hist) <u>8 mos.</u> (Hist)
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>592X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 8-5-1949 to 8-16-1949, that I last saw the deceased alive on 8-16-1949, and that death occurred at 7:30 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. Singal M.D.</u>	23b. ADDRESS <u>204 S. Locust St. Charleston Mo.</u>	23c. DATE SIGNED <u>8-20-49</u>
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24a. BURIAL, CREMATION, OR REBURYING (Specify)	24b. DATE <u>8-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-23-49</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rev. J. B. Ross</u> ADDRESS <u>Poplar Bluff Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

8-29-49

District Health Officer No. 4

District File Number 849-1132

Date Filed \_\_\_\_\_

SEP 13 1949

MS MAR 30 1968

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 W. J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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 this body is not embalmed, fact should be so stated above.