

FILED SEP 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 31339

86  
 006

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5924		Registrar's No. 322	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dresden		c. LENGTH OF STAY (in this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		64	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 miles southwest Dresden				d. STREET ADDRESS (If rural, give location) 1800-West 11th			
3. NAME OF DECEASED (Type or Print) a. (First) CONRAD		b. (Middle) W.		c. (Last) MICHAELIS		4. DATE OF DEATH (Month) (Day) (Year) Sept. 20, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 6, 1893	
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Machine Foreman		10b. KIND OF BUSINESS OR INDUSTRY Mo-Pac Shops		11. BIRTHPLACE (State or foreign country) Omaha, Nebraska		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lawrence Michaelis			13b. MOTHER'S MAIDEN NAME Hannah			14. NAME OF HUSBAND OR WIFE Cora Smith Michaelis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-16-2856		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Cora Smith, 1800 W. 11th Sedalia, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture; crush injury to chest; multiple fractures legs; Multiple lacerations & contusions 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.				INTERVAL BETWEEN ONSET AND DEATH Immediate 6861 39	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) plane crash on farm		21c. (CITY, TOWN, OR TOWNSHIP) Pettis (COUNTY) (STATE) (STATE) Dresden, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 20, 1949		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? plane crash landing (80)			
22. I hereby certify that I attended the deceased from _____, 19____, that I first saw the deceased alive on _____, 19____, and that death occurred at 12:01 P.M. from the causes and on the date stated above.							
23a. SIGNATURE H. Rhodes, M.D. (Degree or title) Sphy. Coronar				23b. ADDRESS Sedalia, Missouri		23c. DATE SIGNED 9-22-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/23/49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Sedalia, Mo.	
DATE REC'D BY LOCAL REG. 9/23/49		REGISTRAR'S SIGNATURE Betty Yeager Deputy		25. FUNERAL DIRECTOR'S SIGNATURE (Licensed Emballer's Statement on Reverse Side) Eugene		ADDRESS Sedalia, Mo.	

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

RECEIVED SEP 27  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 9-28-49

*Dr. Charles*

OCT 19 1949  
NOV 16 1949

*Handwritten notes and stamps, including 'OCT 19 1949' and 'NOV 16 1949'.*

**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 Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sedalia, 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.