

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4150

State File No. ....

McDonald.

52 PRIMARY REG. DIST. NO. 6296

16 Registrar's No. ....

BIRTH NO. ....		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 6296		Registrar's No. 16	
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>Cape Girardeau</u>			
b. CITY OR TOWN <u>Burfordville</u>		c. LENGTH OF STAY (In this place or township) <u>None</u>		c. CITY OR TOWN <u>Burfordville MO</u>		0160	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burfordville Mo.</u>				d. STREET ADDRESS <u>Rubens</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Susan</u>		c. (Last) <u>Conrad</u>	
4. DATE OF DEATH		(Month) <u>March</u>		(Day) <u>1</u>		(Year) <u>1950</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Feb 15, 1879</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>14</u>		IF UNDER 24 HRS. Hours <u>14</u> Min.			
10a. USUAL OCCUPATION (If we kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Cohrum Barke</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			13c. NAME OF HUSBAND OR WIFE <u>Rubens W Conrad Dec</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Leonard Conrad</u> ADDRESS <u>Burfordville</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>					
ANTECEDENT CAUSES		DUE TO (b) <u>Hypertension</u>				2 yr.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) *					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				4201	
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 <u>12-19, 1949</u> , to <u>3-1, 1950</u> , that I last saw the deceased alive on <u>2-24, 1950</u> , and that death occurred at <u>8:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. F. McDonald M.D.</u> (Degree or title)				23b. ADDRESS <u>Jackson, Mo.</u>		23c. DATE SIGNED <u>3-3-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 3 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u>		24d. LOCATION (City, town, or county) (State) <u>5 mi N.W. Sedgewickville Mo</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Mar 5-50</u>		REGISTRAR'S SIGNATURE <u>A. J. Leiber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heabaugh-Lavid Jackson Mo.</u> ADDRESS			

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

RECEIVED

MAR 13 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-349

**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.

Signed.....

*R. O. Laine*

Signed.....

Student Embalmer

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.