

0730

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17622

State File No.

Proof
FILED JUN 5 1950

BIRTH NO. _____ REG. DIST. NO. 2174 PRIMARY REG. DIST. NO. 5834 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Newton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Newton</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		0730
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			d. STREET ADDRESS (If rural, give location) <u>Diamond Route #1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aubrey</u>		b. (Middle) <u>B.</u>	c. (Last) <u>Conrad</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>29</u> (Year) <u>1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 2, 1902</u>		9. AGE (In years last birthday) <u>47</u> IF UNDER 1 YEAR <u>9</u> MONTHS <u>23</u> IF UNDER 48 HOURS <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Clifton Hill, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>W.M. Conrad</u>		13b. MOTHER'S MAIDEN NAME <u>Orpha Rutledge</u>	
14. NAME OF HUSBAND OR WIFE <u>Irene Millicent Conrad</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. <u>337-09-9940</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Irene Conrad Diamond Route #1</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>Coronary Thrombosis</u>					
ANTECEDENT CAUSES Morbidity 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. <u>7201</u>					
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) (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>May 20, 1950</u> , to <u>May 24, 1950</u> , that I last saw the deceased alive on <u>MAY 23, 1950</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>C.W. Poor M.D.</u>		(Degree or title)		23b. ADDRESS <u>Diamond, Mo.</u>	
23c. DATE SIGNED <u>5-30-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 26, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Neosho IOOF</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>June 1st 50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Albie Parnell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wesley C. Thompson</u>	

RECEIVED

District Health Officer No. Newton County Health Dept.

District File Number 650-119

Date Filed JUN 1 1950

JUN 9 1950

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 Ellie Kessel

Licensed Embalmer No. 4690

P. O. Address Neosho, 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.