

22594

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED JUN 26 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4547 Registrar's No. 374

1. PLACE OF DEATH a. COUNTY <b>Worth</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grant City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grant City</b>	
c. LENGTH OF STAY (in this place) <b>27 years</b>		1130	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Dwight</b> b. (Middle) <b>Lincoln</b> c. (Last) <b>Conard</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 9 1950</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 19 1865</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR (Months) <b>0</b>	IF UNDER 24 HRS. (Hours) (Min.) <b>20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Bloomington Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Jonah M. Conard</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Robb</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Jennie Conard</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Jennie Conard Grant City, Mo.</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial insufficiency of heart</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b> <b>5 yrs</b> <b>4/10X</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive state</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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) <b>June 8, 1950</b>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 **3-10, 1950**, to **June - 9, 1950**, that I last saw the deceased alive on **June 8, 1950**, and that death occurred at **10:22 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>J. H. Ross M.D.</b>	23b. ADDRESS <b>Grant City, Mo.</b>	23c. DATE SIGNED <b>6-10-50</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Judicial</b>	24b. DATE <b>June 11, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Grant City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Grant City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>June 13 1950</b>	REGISTRAR'S SIGNATURE <b>John E. Dawson</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Arch C. Dangle Grant City, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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



**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 *Arch C. Duffer*

Licensed Embalmer No. *3252*

P. O. Address *Grant city 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.