

FILED NOV 8 1950

STANDARD CERTIFICATE OF DEATH

34079

State File No. ....

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 18CP PRIMARY REG. DIST. NO. 3040 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Mooresville Twp.</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles west of Mooresville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Arthur</u>	b. (Middle) <u>Samuel</u>	c. (Last) <u>Treon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 20, 1950</u>
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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>June 29, 1893</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Brackenridge, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Charles W. Treon</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Rowsey</u>	14. NAME OF HUSBAND OR WIFE <u>Mary May Zullig</u>	<u>Mooresville Mo.</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W. W. I.</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Arthur Treon; Mooresville Mo.</u>	ADDRESS _____
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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) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs</u> <u>4 1/2 yrs</u>  <u>331X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) _____	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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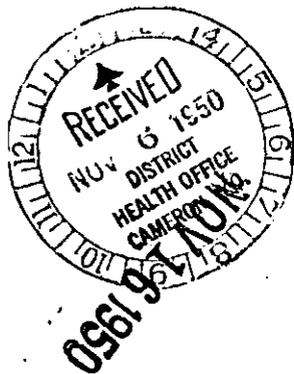
22. I hereby certify that I attended the deceased from Mar 18, 1946, to Oct 21, 1950, that I last saw the deceased alive on Oct 21, 1950, and that death occurred at 3 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph A. Conrad, M.D.</u> (Degree or title)	23b. ADDRESS <u>Chillicothe, Mo.</u>	23c. DATE SIGNED <u>Oct 22 '50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rosehill</u>	24d. LOCATION (City, town, or county) (State) <u>Brackenridge, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 20/50</u>	REGISTRAR'S SIGNATURE <u>Frances B. Nell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home</u> ADDRESS <u>Chillicothe, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)



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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Elton F. Norman*

Licensed Embalmer No. *4036*

P. O. Address *Phillipsthe, 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.