

No. 300
10-48
FILED JAN 11 1951THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41771

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5953 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buffalo Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana 1821	
d. FULL NAME OF HOSPITAL OR INSTITUTION Paris Road		d. STREET ADDRESS (If rural, give location) 618 North 4th Street 0	
3. NAME OF DECEASED (Type or Print) MARY		a. (First) ANN	
b. (Middle) CONRAD		c. (Last)	
4. DATE OF DEATH DEC. 27, 1950		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓	
8. DATE OF BIRTH June 23, 1864		9. AGE (In years last birthday) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	
11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Unknown-Blackwell		13b. MOTHER'S MAIDEN NAME Unknown-Cooper	
14. NAME OF HUSBAND OR WIFE William Conrad		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Bill Conrad, Louisiana, Missouri	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic DUE TO (c) Hypertensive Cordis Vasculare Disease 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 checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 12 hr 10 + 402. 44 3/4 X	
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 _____, 1947, to 12-29, 1950, that I last saw the deceased alive on 12-28, 1950, and that death occurred at 300A m., from the causes and on the date stated above.			
23a. SIGNATURE: Chas. H. Swallen M.D.		23b. ADDRESS Louisiana, Missouri	
23c. DATE SIGNED 12-28-50		23d. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	
23e. LOCATION (City, town, or county) Louisiana, Missouri		23f. DATE REC'D BY LOCAL REG. Dec. 28, 1950	
23g. REGISTRAR'S SIGNATURE Bernice Collier 394		23h. FUNERAL DIRECTOR'S SIGNATURE Sterne Funeral Home, Louisiana, Mo.	
23i. ADDRESS _____		23j. _____	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 24 1951

Date Received: JAN 5 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-52
Date Filed: JAN 10 1951

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 *Virginia M. Stone*

Licensed Embalmer No. *4645*

P. O. Address *Louisiana, 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.