

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43489  
State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5113</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger County</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Fredericktown</u> c. LENGTH OF STAY (in this place) <u>Union Twp.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Twp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Fredericktown</u> d. STREET ADDRESS (If rural, give location) <u>Rural Union Twp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>Marion</u> c. (Last) <u>Conrad</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 3, 1950</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 1871</u>		9. AGE (In years last birthday) <u>79</u>		10. UNDER 1 YEAR <u>6</u> MONTHS <u>Days</u> <u>Hours</u> <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Bollinger County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Conrad</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Barkes</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ....		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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) <u>Diabetic</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Amputation of limb</u> DUE TO (c) <u>Congestive heart failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>years</u>  <u>260X</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)		21f. HOW DID INJURY OCCUR?	
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"/>		22. I hereby certify that I attended the deceased from <u>Aug 28</u> , 19 <u>49</u> , to <u>Sept. 3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Aug 28</u> , 19 <u>50</u> , and that death occurred at <u>.....</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. D. O.</u>		23b. ADDRESS <u>Fredericktown Mo.</u>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 7, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Light</u>		24d. LOCATION (City, town, or county) (State) <u>Near Fredericktown Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 27, 1951</u>		REGISTRAR'S SIGNATURE <u>Willie Van Amburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozean Funeral</u>		ADDRESS <u>Farmington, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 31 1951

DISTRICT HEALTH OFFICE No. 6

No. No. ....

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

*C. Hozean*

Licensed Embalmer No. *4084*

P. O. Address *Farmington, 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.