

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43490

State File No. _____

0090

FILED JAN 18 1951

BIRTH NO. _____ REG. DIST. NO. 321 PRIMARY REG. DIST. NO. 442 Registrar's No. 96

| | | | |
|---|------------------------|---|-------------------------------|
| 1. PLACE OF DEATH a. COUNTY Bollinger | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Bollinger | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marbel Hill Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marbel Hill Mo. | |
| c. LENGTH OF STAY (In this place) 2 years | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Gilbert b. (Middle) L. c. (Last) Conrad | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 30 1950 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Dec. 27 1883 |
| 9. AGE (In years last birthday) 67 | | 10. UNDER 1 YEAR Months Days | 11. UNDER 1 MIN. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) Perry Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Robert Conrad | | 13b. MOTHER'S MAIDEN NAME Bertha Kuhlman | |
| 14. NAME OF HUSBAND OR WIFE Murray | | | |
| 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 Philip L. Shrum | | ADDRESS Marbel Hill Mo. | |
| 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 Arteriosclerosis ANTECEDENT CAUSES Morbid 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. 4201 | |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 A. M., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE John J. Thomas | | 23b. ADDRESS Sikeston Mo. | |
| 23c. DATE SIGNED 1/6/51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Jan 1 1951 | |
| 24c. NAME OF CEMETERY OR CREMATORY White Water Cem. | | 24d. LOCATION (City, town, or county) (State) Bollinger Co. Mo. | |
| DATE REC'D BY LOCAL REG. Dec. 30 1950 | | REGISTRAR'S SIGNATURE Willie Sandburg | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons | | ADDRESS Perryville Mo. | |

(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED

JAN 8 1951

DISTRICT HEALTH OFFICE 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

working under my personal supervision.

Student Embalmer No.

Signed

Edward Young

Signed.....
Student Embalmer

Licensed Embalmer No. *2835*

P. O. Address *Berryville Ma*

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.