

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16171

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 455

0396

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Springfield, Missouri</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cardwell, Missouri</u> <u>0350</u> | |
| c. LENGTH OF STAY (In this place) <u>288 Days</u> | | d. STREET ADDRESS (If rural, give location) <u>Box 215</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VA Hospital</u> | | | |

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|-------------------------------------|--------------------------|-------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ALBERT</u> | b. (Middle) <u>ADAM</u> | c. (Last) <u>CONRAD</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 1951</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>Divorced</u> | 8. DATE OF BIRTH <u>February (about) 18th about 55</u> | 9. AGE (In years last birthday) <u>55</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|--------------------|-------------------------------|--|---|---|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>projectionist</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Movies</u> | 11. BIRTHPLACE (State or foreign country) <u>Cardwell, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Janos Franklin Conrad</u> | 13b. MOTHER'S MAIDEN NAME <u>Alice Henson</u> | 14. NAME OF HUSBAND OR WIFE <u>divorced</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW I</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital, Springfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, pulmonary, chronic, far advanced, active.</u> | | |
| | ANTECEDENT CAUSES Morbidity 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) <u>VA</u> | 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 Aug. 3, 1950, to May 18, 1951, and that death occurred at 12:45P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>P. L. Eisele, M. D., Chief, Professional Services</u> | 23b. ADDRESS <u>VA Hospital, Springfield, Mo.</u> | 23c. DATE SIGNED <u>May 18, '51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>5-18-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u> | 24d. LOCATION (City, town, or county) (State) <u>Cardwell Missouri</u> |
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|---|--|--|----------------------------|
| DATE REC'D BY LOCAL REG. <u>5-21-51</u> | REGISTRAR'S SIGNATURE <u>J. W. Haudley</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Lehman Jewell</u> | ADDRESS <u>Springfield</u> |
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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 James W. Wain

Licensed Embalmer No. 4650

P. O. Address Springfield

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.