

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 145

145

FILED JAN 24 1952

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 4042		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY <u>Ballinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ballinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lutesville</u> c. LENGTH OF STAY (If this place) <u>2</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Lutesville</u> d. STREET ADDRESS (If rural, give location) <u>0090</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>		b. (Middle) <u>James</u>		c. (Last) <u>Conrad</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan</u> <u>17</u> <u>1952</u>	
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>Sept. 21 1872</u>	
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob J. Conrad</u>		13b. MOTHER'S MAIDEN NAME <u>Emile Burns</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Kinder Conrad</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>Spanish American War.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Kinder Conrad</u> ADDRESS <u>Lutesville, Mo.</u>			
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.		19. MEDICAL CERTIFICATION I, <u>Dr. J. Edgar Longue</u> , do hereby certify that the deceased died of <u>Heart Failure</u> due to <u>Myocardial Infarction</u> on <u>Jan 17 1952</u> at <u>Lutesville, Mo.</u> Interval between onset and death <u>1928</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Minute)		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 <u>1/13/52</u> to <u>1/17/52</u> , that I last saw the deceased alive on <u>1/15/52</u> , and that death occurred at <u>6:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Deputy or title) <u>W. A. Longue M.D.</u>				23b. ADDRESS <u>Lutesville</u>		23c. DATE SIGNED <u>1/24/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 20/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marble Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Marble Hill Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 21/1952</u>		REGISTRAR'S SIGNATURE <u>Willie Dandurbaugh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ida Kinder</u>		ADDRESS <u>Lutesville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

*R. D. Laird*

Licensed Embalmer No.

*4538*

P. O. Address

*Jackson, 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.