

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31398

State File No.

FILED SEP 29 1952

BIRTH NO. _____ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 4208 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cainsville	c. LENGTH OF STAY (In this place) 45 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cainsville	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) Aaron	c. (Last) Conger	4. DATE OF DEATH (Month) (Day) (Year) September 10, 1952.
-------------------------------------	-----------------------------	-----------------------------	----------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 1873	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 79
-----------------------	----------------------------------	---	--------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer	10b. KIND OF BUSINESS OR INDUSTRY self freelance	11. BIRTHPLACE (State or foreign country) Mercer Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	--	---	---

13a. FATHER'S NAME Aaron Conger	13b. MOTHER'S MAIDEN NAME Marinda Constable	14. NAME OF HUSBAND OR WIFE A single person
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME G. A. Conger	ADDRESS Princeton, 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		INTERVAL BETWEEN ONSET AND DEATH 4 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Esophageal hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Radiation necrosis of esophagus 4 mos. DUE TO (c) Radiation for Carcinoma of tongue with regional metastases 20 mos.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardio-vascular disease 5 years.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 141 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1-19, 1951, to 9-10, 1952, that I last saw the deceased alive on 7-3, 1952, and that death occurred at 8:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leonard R. Lee, M. D.	23b. ADDRESS Bethany, Missouri	23c. DATE SIGNED 9/10/52
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 12, 1952	24c. NAME OF CEMETERY OR CREMATORY Plesant Hill Cemetery	24d. LOCATION (City, town, or county) (State) Plesanton, Iowa
--	------------------------------------	--	---

DATE REC'D BY LOCAL REG. Sept. 26-1952	REGISTRAR'S SIGNATURE S. O. Shaw	25. FUNERAL DIRECTOR'S SIGNATURE W. L. ...	ADDRESS Cainsville, Mo.
--	--	--	-----------------------------------

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, of

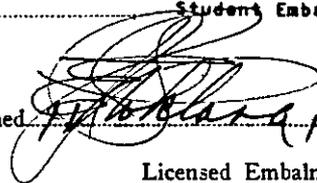
Eddie J. Stoklasa

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.