

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37859

State File No. ....

NOV 25 1952  
BIRTH NO.

REG. DIST. NO. 46

PRIMARY REG. DIST. NO. 4063

Registrar's No. 41

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Caldwell</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Caldwell</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Hamilton</p>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Hamilton</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">West Bird St.</p>			
3. NAME OF DECEASED (Type or Print)		a. (First) <p style="text-align: center;">V. WEBB</p>	b. (Middle) <p style="text-align: center;">CLAY</p>	c. (Last) <p style="text-align: center;">CONRAD</p>	4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">11 12 1952</p>
5. SEX <p style="text-align: center;">Male</p>	6. COLOR OR RACE <p style="text-align: center;">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>		8. DATE OF BIRTH <p style="text-align: center;">July 14 1883</p>	9. AGE (In years last birthday) <p style="text-align: center;">69</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Retired Railway Postal Clerk</p>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Williamstown Ky.</p>	
12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U, S, A,</p>		13a. FATHER'S NAME <p style="text-align: center;">Henry C. Conrad</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Mary Floyd Webb</p>	
14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Lytha Conrad</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>	
17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Henry W. Conrad M.D. Milan Ind.</p>		17. ADDRESS <p style="text-align: center;">Milan Ind.</p>		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.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Hypertensive Cardiovascular Disease</p>		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">5 years</p>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">H43X</p>		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) <p style="text-align: center;">Hamilton Caldwell Mo.</p>	
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 Jan. 1947 to Nov. 12, 1952, that I last saw the deceased alive on Nov 12, 1952, and that death occurred at 8:05 p.m., from the causes and on the date stated above.					
23a. SIGNATURE <p style="text-align: center;">Frank R. Daley, M.D.</p>		23b. ADDRESS <p style="text-align: center;">Hamilton Mo.</p>		23c. DATE SIGNED <p style="text-align: center;">NOV 15 1952</p>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">11/16/1952</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Highland</p>	
24d. LOCATION (City, town, or county) <p style="text-align: center;">Hamilton Mo.</p>		DATE REC'D BY LOCAL REG. <p style="text-align: center;">Nov 22-52</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Gladys Jones</p>	
25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Bram Funeral Home</p>		ADDRESS <p style="text-align: center;">Hamilton Mo.</p>			

MAR 2 1953

MAR 10 1953

REC 1 0 1953

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....

*Lester Bram*

Licensed Embalmer No. 4472

P. O. Address Hamilton, 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.