

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5643

State File No. ....

FILED MAR 3 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5544 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, Burton Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Burton Twp. 0450</u>	
c. LENGTH OF STAY (in this place) <u>11 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. # 2 Higbee, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. R. # 2 Higbee, Mo.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Virlee</u>	b. (Middle) <u>Dixon</u>	c. (Last) <u>Kondratow</u>	(Month) <u>Feb.</u>	(Day) <u>22</u>	(Year) <u>1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9/15/1907</u>	9. AGE (in years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) <u>Howard County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Harvey Robb</u>	13b. MOTHER'S MAIDEN NAME <u>Jennie Dixon</u>	14. NAME OF HUSBAND OR WIFE <u>Steve A. Kondratow</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Steve A. Kondratow</u>	ADDRESS <u>R.R. 2 Higbee Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>hypertensive heart disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Feb 22, 1953, to Feb 22, 1953, that I last saw the deceased alive on Feb 22, 1953 and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mary E. Shell</u>	(Degree of title)	23b. ADDRESS <u>Fayette Mo.</u>	23c. DATE SIGNED <u>2/23/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/24/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Howard County Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-27-53</u>	REGISTRAR'S SIGNATURE <u>Mary E. Shell</u>	436	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kalsh &amp; Carr</u>	ADDRESS <u>Fayette, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

150  
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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 \_\_\_\_\_

*Ralph A. Carr*

Licensed Embalmer No. *3340*

P. O. Address *Fayette, 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.