

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10346**

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3573 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Morris	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Plattin Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN White City, Kansas 8150	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) Wanda	b. (Middle) June	c. (Last) Conde	4. DATE OF DEATH (Month) (Day) (Year) Mar. 8, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 29, 1919	9. AGE (in years last birthday) 33	IF UNDER 1 YEAR Months 2 Days 9	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Latimer, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wilbur Atkinson	13b. MOTHER'S MAIDEN NAME Mildred Johson	14. NAME OF HUSBAND OR WIFE Don Conde, White City
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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) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE AND ADDRESS Wilbur Atkinson, White City, Kan.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured Neck DUE TO (c) Multiple Fractures		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 7 ribs. Right leg			

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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE D. B. Edwards (Degree or title)	23b. ADDRESS M. D. Corn. Cedar Hill	23c. DATE SIGNED 3/9/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/12/53	24c. NAME OF CEMETERY OR CREMATORY White City Cemetery	24d. LOCATION (City, town, or county) (State) White City Kan.
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DATE REC'D BY LOCAL REG. 3-9-53	REGISTRAR'S SIGNATURE Marie Farrier	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS James P. Cody Crystal City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

1500
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 27 1953

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED MAR 11 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James Richard Cady*
Licensed Embalmer No. *4309*
P. O. Address *Crystal City, 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.