

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED **AUG 10 1953**

BIRTH NO. _____ REG. DIST. NO. **241** PRIMARY REG. DIST. NO. **5829** Registrar's No. **24**

120

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

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Portage		c. CITY (If outside corporate limits, write RURAL and give township) Rural Portage Twp	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Hwy 20 East of Portageville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Buckerton Com.			

3. NAME OF DECEASED (Type or Print) a. (First) Freeman	b. (Middle) A	c. (Last) Conrad	4. DATE OF DEATH (Month) (Day) (Year) Aug 3 1953
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 23 1879	9. AGE (In years last birthday) 73	10. MONTH 11	11. DAY 10	12. CITIZEN OF WHAT COUNTRY? U.S.A
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and State or Foreign Country) Boerston Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Henry Conrad	13b. MOTHER'S MAIDEN NAME Amelida McAlhamie	14. NAME OF HUSBAND OR WIFE Mary Lou Petty Millwan
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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.	17. INFORMANT'S SIGNATURE OR NAME Melissa Baker, Charlotte N.C	ADDRESS Charlotte N.C
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiopneumonia		3 dw
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia DUE TO (c) Possible Cerebral Thrombosis		5 dw
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Possible Chr. nephritis		?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **July 6 1953**, to **Aug 3 1953**, that I last saw the deceased alive on **Aug 3 1953** and that death occurred at **7 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. Killian MD	23b. ADDRESS Portageville Mo 8653	23c. DATE SIGNED Aug 6 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 5 1953	24c. NAME OF CEMETERY OR CREMATORY Portageville Com	24d. LOCATION (City, town, or county) (State) Portageville Mo
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DATE REC'D BY LOCAL REG. Aug 6 1953	REGISTRAR'S SIGNATURE Ellen DeLisle	25. FUNERAL DIRECTOR'S SIGNATURE DeLisle Funeral Parlor	ADDRESS Portageville Mo
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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.

Signed _____

Joseph A. McLaughlin

Licensed Embalmer No. *4481*

P. O. Address *Portageville Mo.*

Student
Student Embalmer

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.