

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38756

State File No. ....

FILED NOV 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1021

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>Springfield</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <u>Springfield</u> <small>(If outside corporate limits, write RURAL and give township)</small>	
c. LENGTH OF STAY (In this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>1337 Benton Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>			
3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>MALTBY</u> c. (Last) <u>CONKLING</u>			4. DATE OF DEATH <u>Nov. 10, 1953</u> <small>(Month) (Day) (Year)</small>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>13 April 1869</u>
9. AGE (In years last birthday) <u>84</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 2 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drygoods Retail</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Champaign, Illinois</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Aaron B. Conkling</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Maltby</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Dale</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> <small>(If yes, give war or dates of service)</small>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Conkling, Ferguson, Missouri.</u> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <small>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</small>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) <u>Pulmonary pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>5 minute</u> <u>20 yrs.</u> <u>1 day</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>Jan 2, 1951</u> , to <u>11-10, 1953</u> , that I last saw the deceased alive on <u>11-10, 1953</u> and that death occurred at <u>10:20A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul O. Norton M.D.</u>		23b. ADDRESS <u>1630 Jefferson, Springfield, Mo</u>	23c. DATE SIGNED <u>11-11-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12 Nov. 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wable Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>11-14-53</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Thieme, Springfield, Missouri</u> ADDRESS _____	

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

[MAY 24 1950]

MAY 21 1950

NOV 19 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 Ralph H. Collins  
Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.