

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **606**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) Clean 0660	
c. LENGTH OF STAY (If in this place) 4 days		d. STREET ADDRESS (If rural, give location) Franklin Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hosp.			

3. NAME OF DECEASED (Type or Print) ARCH			4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1955		
a. (First)	b. (Middle)	c. (Last) CONDRA	5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 19, 1896	9. AGE (In years last birthday) 58	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Iberia, Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Condra		13b. MOTHER'S MAIDEN NAME Melissia Miller		14. NAME OF HUSBAND OR WIFE Sylvia J. Condra	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Sylvia Condra ADDRESS Clean, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia (leukemia)		II. OTHER SIGNIFICANT CONDITIONS Supplemental report will be filed when bone marrow biopsy has been studied			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) _____
		DUE TO (c) _____			

19a. DATE OF OPERATION Feb 2, 1955		19b. MAJOR FINDINGS OF OPERATION Biopsy of Bone Marrow 2044		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 22, 1955**, to **Feb 4, 1955**, that I last saw the deceased alive on **Feb 3, 1955**, and that death occurred at **6:54 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. A. Ockman MD		23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED Feb. 5, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 6, 1955		24c. NAME OF CEMETERY OR CREMATORY Iberia	
		24d. LOCATION (City, town, or county) (State) Iberia, Mo.			

DATE REC'D BY LOCAL REG. Feb 5 - 1955		REGISTRAR'S SIGNATURE R. P. Darris MD-MR		25. FUNERAL DIRECTOR'S SIGNATURE Louis A. Phillips ADDRESS Clean	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 2 1944

REC'D IN CASE

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 *Louis W. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Weldon*

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.