

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1955

State File No. 5902

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY ST. CHARLES 0920		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY ST. CHARLES	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. Peter's Rural		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. PETERS RURAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) 0920	

3. NAME OF DECEASED (Type or Print) a. (First) CONRAD b. (Middle) - c. (Last) EMME			4. DATE OF DEATH (Month) (Day) (Year) MARCH 3 - 1955		
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0		8. DATE OF BIRTH MAY 20 - 1883		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10b. KIND OF BUSINESS OR INDUSTRY FARMING			11. BIRTHPLACE (State or foreign country) GERMANY 4			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME NOT KNOWN			13b. MOTHER'S MAIDEN NAME NOT KNOWN			14. NAME OF HUSBAND OR WIFE NONE		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ANTHONY BOEDEKER ST. PETERS			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia</p> <p>INTERVAL BETWEEN ONSET AND DEATH _____</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Cerebro-vascular accident with right sided hemiplegia</p> <p>Conditions contributing to the death but not related to the disease or condition causing death _____</p>					
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 490X				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) _____	
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 23, 1955**, to **Mar 3, 1955**, that I last saw the deceased alive on **Mar 2, 1955** and that death occurred at **1:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold A. Mangold D.O.		23b. ADDRESS 0 Fallon Mo		23c. DATE SIGNED Mar. 3, 1955	
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE MAR 3 - 1955		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE		24d. LOCATION (City, town, or county) (State) ST. CHARLES Mo	
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DATE REC'D BY LOCAL REG. March 3 1955		REGISTRAR'S SIGNATURE E. J. Keating 280		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ed Keating 0 Fallon Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

not embalmed

Student

Student Embalmer

Signed *E. A. Keithly*

Licensed Embalmer No.

P. O. Address

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.