

FILED APR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7398**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **241**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler 0120	
b. CITY OR TOWN Poplar Bluff, Mo.		c. CITY OR TOWN Poplar Bluff	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) Route #3	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Poplar Bluff Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) McConkey c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 19, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 9, 1864	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 3	IF UNDER 1 YEAR Days 10	IF UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lancaster, Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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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 Wm. Ziegler, Poplar Bluff, Mo.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES DUE TO (b) arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	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)	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 **3-22-55**, 19**55**, to **3-19**, 19**55**, that I last saw the deceased alive on **3-19**, 19**55**, and that death occurred at **2:10 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Wm. Ziegler</i>	(Degree or title)	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 3-25-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-22-55	24c. NAME OF CEMETERY OR CREMATORY Hammtown Cem.	24d. LOCATION (City, town, or county) (State) Rural Poplar Bluff, Mo.
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DATE REC'D BY LOCAL REG. 4/4/55	REGISTRAR'S SIGNATURE <i>Wm. Ziegler</i>	25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell Poplar Bluff, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR 11 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____
Signature of Student Embalmer

Signed _____
Robert Wheeler

Licensed Embalmer No. *296*

P. O. Address *Doplar Bl*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.