

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14389

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>6107</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Shannon township</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Abela</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				No. STREET ADDRESS (If rural, give location) <u>0990</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u>			b. (Middle) <u>V.</u>		c. (Last) <u>CONKLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 20 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 24 - 1886</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Clark Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew J. Seaver</u>		13b. MOTHER'S MAIDEN NAME <u>Viola Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Amrose Conkle</u>			
15. WAS DECEASED OVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Merle Lison Luray Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Parkinson Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3.50 X</u>				20. AUTOPSY? YES <input 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)		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>4-14-</u> 19 <u>55</u> to <u>4-20-</u> 19 <u>55</u> , that I last saw the deceased alive on <u>4-20-</u> 19 <u>55</u> , and that death occurred at <u>5 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. E. Lowe D.O.</u>				23b. ADDRESS <u>Memphis Mo</u>		23c. DATE SIGNED <u>4-23-55</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 24-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Combs Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Luray Missouri</u>		
DATE REC'D BY LOCAL REG. <u>4/23/55</u>		REGISTRAR'S SIGNATURE <u>Vera G. Burner 476-4</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Otis L. Letting</u>		ADDRESS <u>Abela</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

MAY 5 1955

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 *Otis L. Lutting*.....

Licensed Embalmer NO. *246*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.