

FILED JUN 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19175

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5589</u>		Registrar's No. <u>90</u>	
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural-Union twp</b>		c. LENGTH OF STAY (in this place) <b>33 years</b>		c. CITY OR TOWN <b>Reeds</b>		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 <b>Reeds Rt.1</b>				STREET ADDRESS (If rural, give location) <b>Rt. 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALBERT</b>		b. (Middle) <b>ELVER</b>		c. (Last) <b>CONARD</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 31, 1955</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>December 18, 1874</b>	
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) / <b>Highland, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Wm. E. Conard</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Burgess</b>		14. NAME OF HUSBAND OR WIFE <b>Serena Ann Still Conard</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. A. E. Conard Rt. 1 Reeds, Mo.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>24 days</b>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, cerebral</b>					
		DUE TO <b>Parkinsonism, arteriosclerotic</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic Heart Disease</b>					
		<b>Benign Prostate Hyperplasia</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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>4-25</u> , 19 <u>55</u> , to <u>6-2</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-26</u> , 19 <u>55</u> , and that death occurred at <u>2:45p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Richard R. Coble MD.</b>				23b. ADDRESS <b>Carthage, Missouri</b>		23c. DATE SIGNED <b>6/1/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 3, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dudman Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carthage, Rt.3</b>	
DATE REC'D BY LOCAL REG. <b>6-2-55</b>		REGISTRAR'S SIGNATURE <b>Emm Clinton 1390</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Knell Mortuary Carthage, Missouri</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 55-6-347  
Date Filed JUN 15 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..... *D. L. Isbell*

Licensed Embalmer No. 4976

P. O. Address *College*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.