

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12266

State File No. ....

BIRTH NO. .... REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5035 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <b>AUDRAIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>SHELBY</b>					
b. CITY (If outside corporate limits, write RURAL and give OR (or township) to ship)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>CLARENCE</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>AUDRAIN Co, Saling Twp</b>				e. STREET ADDRESS (If rural, give location) <b>CLARENCE MO 1</b>					
3. NAME OF DECEASED (Type or Print) <b>SAVANNAH CONRAD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 24 1956</b>						
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>OCT 19, 1965</b>		9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>MO SHELBY CO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>BEN PERRY</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET CARROLL</b>		14. NAME OF HUSBAND OR WIFE <b>GEORGE CONRAD</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>BEN CONRAD</b> ADDRESS <b>CLARENCE 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Virus &amp; Neoplasm</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		492X			
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 <b>April 12, 1956</b> , to <b>April 24, 1956</b> , that I last saw the deceased alive on <b>April 13, 1956</b> , and that death occurred at <b>11</b> p. m., from the causes and on the date stated above.									
23a. SIGNATURE <b>W. D. Maxwell M.D.</b> (Degree or title)				23b. ADDRESS <b>Paris Ind</b>		23c. DATE SIGNED <b>4-25-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-24-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MAPLEWOOD CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>CLARENCE MO</b>				
DATE REC'D BY LOCAL REG <b>4-25-1956</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles D. Stearns</b>		ADDRESS <b>Clarence Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

MAY 13 1956

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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 *Charles V. Green*.....

Licensed Embalmer No. *46*.....

P. O. Address *Clare*.....

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