

Health, Welfare
Public
Service

FILED JUN 4 1957

STANDARD CERTIFICATE OF DEATH

3707964
STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 28

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>				2. USUAL RESIDENCE (Where deceased lived... If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u> ✓			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>EIDON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>EIDON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>314 LOCUST</u>			Length of stay in 1b			d. STREET ADDRESS (If outside, give location) <u>314 LOCUST</u>	
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>HARDOLD</u> Last <u>CONLON</u>		4. DATE OF DEATH Month <u>MAY</u> Day <u>25</u> Year <u>1957</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>CAUCASIAN</u>	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>FEB 6, 1908</u>		9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR OF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto + Supplies</u>		11. BIRTHPLACE (City and state or country) <u>KNOX CO., ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>HENRY B. CONLON</u>				14. MOTHER'S MAIDEN NAME <u>BLANCHE K. KELLEY</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>330-05-0400</u>		17. INFORMANT Address <u>MRS. BETTY E. CONLON EIDON, MO.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Coronary heart disease</u> DUE TO (c) <u>Chr. myocarditis.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>few minute</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <u>a. m.</u> Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1950</u> to <u>May 25 1957</u> and last saw <u>her</u> alive on <u>May 20 57</u> Death occurred at <u>9 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>E. O. Shelton M.D.</u>				22b. ADDRESS <u>Eldon Mo</u>		22c. DATE SIGNED <u>May 26 '57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>MAY 27, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY. <u>ELMWOOD</u>		23d. LOCATION (City, town, or county) (Specify) <u>ELMWOOD, ILL.</u>	
24. FUNERAL DIRECTOR <u>Louis D. Phillips</u>		ADDRESS <u>Toldave</u>		25. DATE RECD. BY LOCAL REG. <u>May 26, '57</u>		26. REGISTRAR'S SIGNATURE <u>Edw. Veretta Walt</u>	

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RECEIVED

MAY 31 '57

Miller County
Health Department

JUN 22 1957

JUN 15 1958

JUN 18 1957

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 *Louis D. Phillips*

Licensed Embalmer No. *369*

P. O. Address *Wido*

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.