

FILED JUN 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH57 023354  
State File No.

BIRTH NO.		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6273		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Fletchall 6273</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Fletchall - 6273</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1130</u>			
3. NAME OF DECEASED (Type or Print) <u>John</u>		a. (First) <u>Franklin</u>		c. (Last) <u>Conkle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 4, 1900</u>	
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Worth County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Elmer Conkle</u>		13b. MOTHER'S MAIDEN NAME <u>Orpha Cheney</u>		14. NAME OF HUSBAND OR WIFE <u>Ionia Conkle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-18-9148</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ionia Conkle - Grant City, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u>  ANTECEDENT CAUSES <u>Auricular fibrillation and Arteriosclerotic cardiovascular disease with hypertension</u> DUE TO (b)  DUE TO (c)  2. OTHER SIGNIFICANT CONDITIONS <u>Pulmonary Fibrosis and asthma</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10min</u>  <u>6months</u>  <u>5yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? <u>2</u> 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) (Min.)		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>19 47</u> , to <u>June 6</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>June 5</u> , 19 <u>57</u> , and that death occurred at <u>6a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank B. Mattson Ind</u>				23b. ADDRESS <u>GRANT CITY, MISSOURI</u>		23c. DATE SIGNED <u>6/9/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-10-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fletchall Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Worth County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-14-1957</u>		REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bill Dunfee - Grant City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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 .....  
Student Embalmer

Signed Bill A. Dunfee

Licensed Embalmer No. 4908

P. O. Address Grant City, Mo

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