

FILED SEP 16 1957

STANDARD CERTIFICATE OF DEATH

State File No. 31142

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. At institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Keytesville Twp.</u>		c. CITY OR TOWN <u>Keytesville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF TIME (If living) <u>70 years</u>		e. STREET ADDRESS (If rural, give location) <u>3-Miles E. of Keytesville, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3-Miles E. of Keytesville, Mo.</u>		f. FULL NAME OF DECEASED a. (First) <u>Fred</u> b. (Middle) <u>Henry</u> c. (Last) <u>Conrad</u>	
3. NAME OF DECEASED (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 6th, 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 21, 1887</u>
9. AGE (In years last birthday) <u>70</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Common Labor</u>	9. AGE (In years) IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) <u>Keytesville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>George Conrad</u>	
13b. MOTHER'S MAIDEN NAME <u>Frankie Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Conrad</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>499-07-5652</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Conrad, Keytesville, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic endocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Just prior</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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"/>	
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)	<u>4214</u>
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>July 16, 1957</u> , to <u>Sept 6, 1957</u> , that I last saw the deceased alive on <u>Aug 31, 1957</u> , and that death occurred at <u>9:40 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Carl E. Meyer</u>	23b. ADDRESS <u>M.D. Keytesville, Mo.</u>	23c. DATE SIGNED <u>9/7/57</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 8th, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Varnard Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Keytesville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-9-57</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Keytesville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 23 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 *A. D. Gamett*

Licensed Embalmer No. *300*

P. O. Address *Key town*

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.