

FILED APR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009197
STATE FILE NUMBER

Registration District No. 68 Primary Registration District No. 5266 Registrar's No. 10

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1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Finley Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Hurley
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Rest Home-1 year		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) no street address
3. NAME OF DECEASED (Type or print) First Middle Last SAMUEL LABRENTHA CONRAD			4. DATE OF DEATH Month Day Year April 1, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 16, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY ---	9. AGE (In years last birthday) 81
13a. FATHER'S NAME William Conrad		13b. MOTHER'S MAIDEN NAME Sarah Gilbert	12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Hurchel Conrad, Hurley, Missouri	14. NAME OF HUSBAND OR WIFE Marie Simpkins
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1) arteriosclerotic heart disease 2) cerebrovascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerosis, very severe DUE TO (c) 4200			INTERVAL BETWEEN ONSET AND DEATH yr. ? yr. ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Begining gangrene of hands & feet			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 Month, Day, Year a.m. p.m.		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.) man		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1 6:00 / 58 to 1 apr / 58 and last saw ^{her} _{him} alive on 1 apr / 58 Death occurred at 10:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. D. Royer M.D. O		22b. ADDRESS 22nd, mo	
22c. DATE SIGNED 4 apr 58		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/6/1958	23c. NAME OF CEMETERY OR CREMATORY Short Cemetery	23d. LOCATION (City, town, or county) (State) Hurley, Missouri
24. FUNERAL DIRECTOR Shawn Harris,		ADDRESS Clever, Mo.	25. DATE RECD. BY LOCAL REG. Apr 8, 1958
		26. REGISTRAR'S SIGNATURE Loretta Leonard	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. Dean Harris*

Licensed Embalmer No. *4390*
P. O. Address *Clever, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.