URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-036711

STATE FILE NUMBER

FILED VS OCT 26 1959 164 Registration District No. 3032 Registrar's No. 136

ENDED

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg
Length of stay in 1b 6 Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rose Nursing Home
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY Johnson
c. CITY OR TOWN Holden
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 209 W 2nd St.
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First FLOYD Middle F. Last CONARD
4. DATE OF DEATH Month OCT Day 17 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 5-14-1882
9. AGE (last birthday) 77
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (City and state or country) Columbus, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Jacob Conard
13b. MOTHER'S MAIDEN NAME Eliza Wesley
14. NAME OF HUSBAND OR WIFE Alta Conard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Robert W Conard Address Holden Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis
INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10-11-59, to 10-17-59 and last saw him alive on 10-15-59
Death occurred at 8:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE R. Lee Cooper M D (Degree or title)
22b. ADDRESS Warrensburg Mo
22c. DATE SIGNED 10-19-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct 18 1959
23c. NAME OF CEMETERY OR CREMATORY Pittsville Cemetery
23d. LOCATION (City, town, or county) (State) Pittsville, Mo
24. FUNERAL DIRECTOR Canaday & Ropp ADDRESS Holden, Mo
25. DATE RECD. BY LOCAL REG. Oct. 20, 1959
26. REGISTRAR'S SIGNATURE Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

VS OCT 27 1959

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_____ Signed M. L. Conaday

Signature of Student Embalmer

Licensed Embalmer No. 3434

P. O. Address Holden, M

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