DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-011754
STATE FILE NUMBER

FILED VS APR 14 1960

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Macon — Length of stay in 1b: 1 Hr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Samaritan Hosp. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Macon
c. CITY OR TOWN: Macon — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 308 Jackson — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Elmer Middle: J Last: Conrad

4. DATE OF DEATH: Month: Mar Day: 21 Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/18/1887
9. AGE (last birthday): 72
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): Op. Hardware Store
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Shelby County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Jacob Conrad
13b. MOTHER'S MAIDEN NAME: Mary Gingrich
14. NAME OF HUSBAND OR WIFE: Lola Conrad

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.: 497-26-1100
17. INFORMANT: Mrs. Lola Conrad Address: Macon, 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): Myocarditis Chronic — INTERVAL BETWEEN ONSET AND DEATH: 1 year.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Acute gastrointestinal upset — 3 days
DUE TO (c): cause undetermined possibly influenza
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 1950, to 21 Mar 60 and last saw ~~her~~ him alive on 21 Mar 60
Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Donald E Eggleston MD
22b. ADDRESS: Macon, Missouri
22c. DATE SIGNED: 25 Mar 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/23/1960
23c. NAME OF CEMETERY OR CREMATORY: Hillcrest M. G.
23d. LOCATION (City, town, or county) (State): Macon, Mo.

24. FUNERAL DIRECTOR: Lester Hutton ADDRESS: Macon, Mo.
25. DATE RECD. BY LOCAL REG.: 3/31/60
26. REGISTRAR'S SIGNATURE: Curtis McCreely

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles L. Hutton

Signature of Student Embalmer

Licensed Embalmer No. 4577

P. O. Address Macon,

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