

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020790

FILED VS JUN 8 1960

318

1003

Registrar's No. 5057

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO		Length of stay in 1b 71 DAYS	c. CITY OR TOWN OVERLAND
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 9919 DRIVER
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM L. CONKIN			4. DATE OF DEATH Month Day Year MAY 12 1960
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/5/91
9. AGE (last birthday) 68		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) BARBER PROPRIETOR OF SHADY		10b. KIND OF BUSINESS OR INDUSTRY OAK BARBER SHOP	11. BIRTHPLACE (City and state or country) GREEN CITY, MO.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME GEORGE CONKIN	
13b. MOTHER'S MAIDEN NAME GEORGIA ANN CRAWFORD		14. NAME OF HUSBAND OR WIFE ERA CONKIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 494-10-5130	
17. INFORMANT ERA CONKIN		17. ADDRESS 9919 DRIVER OVERLAND, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA DUE TO (b) PULMONARY CONGESTION DUE TO (c) LEUKEMIA - MONOCYTIC Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 1 WEEK 2 WEEKS 2 1/2 YRS.
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year		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.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 3/2/60 to 5/12/60 and last saw him alive on 5/12/60 Death occurred at 6:10 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A.S. PHILIP DRIVER (Degree or title) M.D.		22b. ADDRESS VAH, ST LOUIS, MO.	22c. DATE SIGNED 5/12/60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MAY 14, 1960	23c. NAME OF CEMETERY OR CREMATORY MT. LEBANON CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.
24. FUNERAL DIRECTOR KRIEGSHAUSER 9450 OLIVE ST. ROAD		25. DATE RECD. BY LOCAL REG. MAY 13 1960	26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

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 _____
Signature of Student Embalmer

Signed R. W. Stovesand

Licensed Embalmer No. 4007

P. O. Address _____

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