

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007956

STATE FILE NUMBER

AMENDED

Registration District No. 59

Primary Registration District No. _____

Registrar's No. 55

FILED APR 3 1961

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Peenon Twp.</u>		Length of stay in lb <u>6 mo.</u>	c. CITY OR TOWN <u>Harrisonville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Rest Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1100 Pine St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY KATHERINE CONRAD</u>			4. DATE OF DEATH Month Day Year <u>Mar 24 1961</u>			
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 31-1861</u>	9. AGE (last birthday) <u>99</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Boone Co Indiana U S A</u>	12. CITIZEN OF WHAT COUNTRY
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13. FATHER'S NAME <u>Thomas Kobendorfer</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Alexander</u>	14. NAME OF HUSBAND OR WIFE <u>Daniel Conrad</u>
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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>NONE</u>	17. INFORMANT <u>Geneva Conrad</u> Address <u>Harrisonville Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Pulmonary Oedema</u>	<u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cardiac Insufficiency</u>	<u>8 yrs</u>
	DUE TO (c) <u>Atherosclerosis</u>	<u>10 yrs</u>
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from 1955 to Mar 24, 1961 last saw her Mar 24, 1961 alive on Mar 24, 1961
 Death occurred at 8:15 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>H. E. Fink</u> (Degree or title)	22b. ADDRESS <u>Harrisonville, Mo</u>	22c. DATE SIGNED <u>3/25/61</u>
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23a. BURIAL, CREMATION, REMOVAL (specify) <u>Burial</u>	23b. DATE <u>Mar 26/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Clearford Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Garden City Mo</u>
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24. FUNERAL DIRECTOR <u>Brunnert's</u> ADDRESS <u>Harrisonville, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>March 25/1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Ray Abree</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 Frank E. Runnenburg

Licensed Embalmer No. 50 73

P. O. Address Harrisonville

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.