

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008287

Registration District No.

119

Primary Registration District No.

5443

Registrar's No.

15

STATE FILE NUMBER

FILED APR 12 1961

1. PLACE OF DEATH

a. COUNTY

Gasconade

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Herman

Length of stay in
6 weeksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Shene Valley Nursing Home

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Texas

c. CITY
OR TOWN

Summersville

Inside Limits
Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Evan

D.

Conkling

4. DATE
OF DEATH

Month

Day

Year

April 1, 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/29/1873

9. AGE (last birthday)

77

IF UNDER 1 YEAR
Months Days

11 2

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Own Farm

11. BIRTHPLACE (City and state or country)

Mt. Vernon Ohio

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Edward Conkling

13b. MOTHER'S MAIDEN NAME

Susan Atherton

14. NAME OF HUSBAND OR WIFE

Sylvia Conkling

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT

Iland Conkling

Address

Village Ridge, 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) Arteriosclerotic heart disease with
decompensationINTERVAL BETWEEN
ONSET AND DEATH

10 yrs

DUE TO (b)

DUE TO (c)

1. week

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Gen. Arteriosclerosis

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. 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

Month, Day, Year

a.m.

p.m.

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 2-15-61 to 4-1-61 and last saw her alive on 4-1-61
Death occurred at 6:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Casper T. Shaw, M.D.

22b. ADDRESS

Hermann, Mo.

22c. DATE SIGNED

4-3-61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

Burial Apr 5, 1961

23c. NAME OF CEMETERY OR CREMATORY

Pleasant Hill Cemetery

23d. LOCATION (City, town, or county)

Village Ridge, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Theburg & Co., Inc., Washington, Mo

25. DATE RECD. BY LOCAL REG.

4-4-61

26. REGISTRAR'S SIGNATURE

Selma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

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

Lester A. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, Md.

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.