

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0037346

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 274

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		Length of stay in 1b 11 Months	c. CITY OR TOWN Holden
c. FULL NAME OF (If NOT in hospital, give location) Town & Country Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) West 2nd
3. NAME OF DECEASED (Type or print) Robert William Conard		4. DATE OF DEATH Month September Day 11 Year 1966	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-14-79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail oil.	9. AGE (last birthday) 86
13a. FATHER'S NAME Jacob Thomas Conard		13b. MOTHER'S MAIDEN NAME Eliza Catherine Woosley	12. CITIZEN OF WHAT COUNTRY USA.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		14. NAME OF HUSBAND OR WIFE Susie E. (deceased)	
16. SOCIAL SECURITY NO. 489-38-0751		17. INFORMANT Mrs. Jack Bilyeu, Holden, 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) cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 3 days.
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
19. WAS AUTOPSY PERFORMED? YES <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	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 Holden, Mo.		
21. I attended the deceased from 11-23-65 to 9-11-66 and last saw her alive on 9-10-66 Death occurred at 7:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugh B. Walker, mo		22b. ADDRESS Clinton, Mo	22c. DATE SIGNED 9-19-66
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-13-1966	23c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	23d. LOCATION (City, town, or county) (State) Holden, Mo.
24. FUNERAL DIRECTOR BEN CAST & SON HOLDEN MO		25. DATE RECD. BY LOCAL REG. 9-13-66	26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 22 1966

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 Daniel B. Cast, Student Embalmer No. 804

working under my personal supervision.

Student

Daniel B. Cast

Signature of Student Embalmer

Signed

[Signature]

Licensed Embalmer No.

4051

P. O. Address

Holden, Ma

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.

Permit obtained 9-13-66 (1075)