National Office of Vital Statistics

FILED DEC 15 1948

Registration District No. 741

STANDARD CERTIFICATE OF DEATH

State File No. 36909

Primary Registration District No. 3025

Registrar's No. 51

1. PLACE OF DEATH:

(a) County: HOWELL

(b) City or town: WEST PLAINS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MASK NURSING HOME 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 11 MONTHS (Specify whether years, months or days)

In this community: 11 MONTHS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: HOWELL 46

(c) City or town: WEST PLAINS (If outside city or town limits, write "RURAL") 1

(d) Street No.: MASK NURSING HOME (If rural, give location) 1

(e) Citizen of foreign country? NO (Yes or No) 6

If yes, name country:

3. (a) PRINT FULL NAME: CHARLES A. CONINE

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: single 0

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: JUNE (Month) 8, (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
80	5	14	hr. min.

9. Birthplace: FAIRBERRY, (City, town, or county) ILL. 1 (State or foreign country)

10. Usual occupation: NONE

11. Industry or business:

MOTHER FATHER

12. Name: Unknown 9

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: HOWELL COUNTY PUBLIC WELFARE OFFICE

(b) Address: WEST PLAINS, MO.

17. (a) HOWELL CO. FARM (Burial, ~~cremation, or removal~~) (b) Date thereof: NOV. 22, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: HOWELL TWP., HOWELL CO., MO.

18. (a) Signature of funeral director: Hal Thornburgh

(b) Address: WEST PLAINS, MO.

19. (a) Dec 2 - 48 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 379

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: NOV. day: 22 year: 1948 hour: 4 minute: A M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: SUFFOCATION	
Due to: RESIDENCE DESTROYED BY FIRE.	
Due to:	
Other conditions: BODY EXTREMELY BURNED (Include pregnancy within 3 months of death)	

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): ACCIDENT 41

(b) Date of occurrence: NOV. 22, 1948

(c) Where did injury occur? WEST PLAINS, (City or town) HOWELL, (County) MO. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? NO. (e) Means of injury: FIRE 3

23. Signature: Wayne C. Thornburgh (M.D. or other) CORONER

Address: WEST PLAINS, MO. Date signed: 11/22/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-6-48
District Health Officer No. 5,
District File Number 12487 48
Date Filed 12-6-48

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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Not Embalmed

Signed H.T.

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.