

FILED NOV 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33007**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1208

|                                                                                                |  |                                                                                                                                             |  |
|------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>                                                 |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>                                              |  |
| c. LENGTH OF STAY (in this place) <u>13 days</u>                                               |  | d. STREET ADDRESS (If rural, give location) <u>210 North 8th Street</u>                                                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>                           |  |                                                                                                                                             |  |

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| 3. NAME OF DECEASED (Type or Print),<br>a. (First) <u>Martha</u><br>b. (Middle) <u>Conrad</u><br>c. (Last) <u>Clarke</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Nov. 5, 1949</u> |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

|                      |                               |                                                                        |                                      |                                                                   |                                 |
|----------------------|-------------------------------|------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------|---------------------------------|
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>July 7, 1858</u> | 9. AGE (In years) (Months) (Days)<br><u>91</u> <u>2</u> <u>28</u> | IF UNDER 1 YEAR<br>Hours   Min. |
|----------------------|-------------------------------|------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------|---------------------------------|

|                                                                                                            |                                                  |                                                                 |                                         |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | 11. BIRTHPLACE (State or foreign country) <u>Loretto, Penna</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------|

|                                         |                                             |                                                  |
|-----------------------------------------|---------------------------------------------|--------------------------------------------------|
| 13a. FATHER'S NAME <u>Thomas Conrad</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Ivory</u> | 14. NAME OF HUSBAND OR WIFE <u>Joseph Clarke</u> |
|-----------------------------------------|---------------------------------------------|--------------------------------------------------|

|                                                                                                                    |                                     |                                                                                      |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------|
| 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'S SIGNATURE OR NAME ADDRESS <u>May Clarke 210 N. 8th, St. Joe, Mo.</u> |
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|                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |  |                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION                                                                                                                                                                                                     |  | INTERVAL BETWEEN ONSET AND DEATH <u>None known</u> |
|                                                                                                                                                                                                                               | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Disease, arteriosclerotic</u>                                                                                                                             |  |                                                    |
|                                                                                                                                                                                                                               | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <input checked="" type="checkbox"/><br>DUE TO (c) <input checked="" type="checkbox"/> |  |                                                    |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                           |                                                                                                                                                                                                                           |  |                                                    |

|                                                            |                                                                      |                                                                                  |
|------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION <input checked="" type="checkbox"/> | 19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------|

|                                          |                                                                                          |                                                 |
|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|

|                                                 |                                                                                                        |                           |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------|

22. I hereby certify that I attended the deceased from Oct 22, 1949, to Nov 5, 1949, that I last saw the deceased alive on Nov 5, 1949, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

|                                                           |                                                |                                 |
|-----------------------------------------------------------|------------------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Wm. J. Byrne M.D.</u> | 23b. ADDRESS <u>411 Corby Bldg. St. Joseph</u> | 23c. DATE SIGNED <u>11-5-49</u> |
|-----------------------------------------------------------|------------------------------------------------|---------------------------------|

|                                                         |                              |                                                      |                                                                      |
|---------------------------------------------------------|------------------------------|------------------------------------------------------|----------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov 7, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u> |
|---------------------------------------------------------|------------------------------|------------------------------------------------------|----------------------------------------------------------------------|

|                                              |                                                |                                                                                      |
|----------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------|
| DATE REC'D BY LOCAL REG. <u>Nov. 7, 1949</u> | REGISTRAR'S SIGNATURE <u>E. G. Jenkins 382</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton-Bauman Funeral St. Joseph Mo.</u> |
|----------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 11 1950

**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.

Signed William J. Galding

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4735

P. O. Address 319 5th St. St. Joseph, Mo.

**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.