

FILED NOV 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23328

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Liberty) c. LENGTH OF STAY (in this place) 32 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural Liberty	
d. FULL NAME OF HOSPITAL OR INSTITUTION Liberty R 1 Mo.		d. STREET ADDRESS (If rural, give location) Liberty R 1 Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Conrad		b. (Middle) Neth	c. (Last) Neth
4. DATE OF DEATH (Month) (Day) (Year) Oct. 25-49			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 6-1868
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 9 Days 19	IF UNDER 12 HRS. 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 Farm	11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? US.			
13a. FATHER'S NAME George		13b. MOTHER'S MAIDEN NAME Anna Marie Lentten	14. NAME OF HUSBAND OR WIFE Sophia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME Sophie Neth ADDRESS Liberty Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation with ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) Carcinoma Esophagus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	INTERVAL BETWEEN ONSET AND DEATH 6 mo 1 yr. 150X
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) (Min.)		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 July 10, 1949 to Oct 25, 1949 , that I last saw the deceased alive on Oct 22, 1949 and that death occurred at 11:30 AM , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) James J. Milloughy, M.D.		23b. ADDRESS Liberty Mo	23c. DATE SIGNED 10-26-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 27-49	24c. NAME OF CEMETERY OR CREMATORY Arley
24d. LOCATION (City, town, or county) (State) Arley Mo.			
DATE REC'D BY LOCAL REG. Oct. 27-1949		REGISTRAR'S SIGNATURE Missie Hayes	25. FUNERAL DIRECTOR'S SIGNATURE Phurson - Archer Co. ADDRESS Liberty Mo

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

RECEIVED OCT 31

District Health Officer No. 8,

District File Number _____

Date Filed 11-1-49

DEC 15 1949

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 _____
Student Embalmer

Signed John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty 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.