

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 6 1949

State File No. **37599**

Registrar's No. **365**

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>365</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>46 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 1004 S. Pope</u>				d. STREET ADDRESS (If rural, give location) <u>1004 S. Pope</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Claude</u>		b. (Middle) <u>Joel</u>		c. (Last) <u>Conrow</u>		a. (Month) (Day) (Year) <u>Nov. 22, 1949</u>	
a. (Type or Print)		b. (Type or Print)		c. (Type or Print)		d. (Type or Print)	
<u>male</u>		<u>white</u>		<u>married</u>		<u>July 26, 1903</u>	
6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday) <u>46</u>	
<u>white</u>		<u>married</u>		<u>July 26, 1903</u>		<u>46</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Packer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Waggoner-Gates Mill Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Buckner, Mo.</u>	
13a. FATHER'S NAME <u>Robt. T. Conrow</u>				13b. MOTHER'S MAIDEN NAME <u>Minnie Patterson</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Lorraine B. Conrow</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-09-0918</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lorraine B. Conrow, Independence, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Angina Pectoris</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Coronary Sclerosis?</u>				4 1/2 hr	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		III. ANTECEDENT CAUSES <u>Coronary Sclerosis?</u>				4 1/2 hr	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary Sclerosis?</u>				4 1/2 hr	
DUE TO (a) <u>Coronary Sclerosis?</u>		DUE TO (b) <u>Coronary Sclerosis?</u>				4 1/2 hr	
II. OTHER SIGNIFICANT CONDITIONS <u>Coronary Sclerosis?</u>		Conditions contributing to the death but not related to the disease or condition causing death.				4 1/2 hr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21f. HOW DID INJURY OCCUR?	
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?		21g. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov. 14, 1949</u>, to <u>Nov. 22, 1949</u>, that I last saw the deceased alive on <u>Nov. 18, 1949</u>, and that death occurred at <u>4 1/2</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. H. Graboske M.D.</u>				23b. ADDRESS <u>Independence, Mo.</u>		23c. DATE SIGNED <u>11/23/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Nov. 25, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salomon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 24-1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		354 FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Independence, Mo.</u>	

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

48
44
4

4K
4
10

DEC 1 RECD

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 *Donald W. Hanks*

Licensed Embalmer No. *4528*

P. O. Address *Independence, Miss*

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.