

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8412

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3623 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (in this place) few hours	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bethlehem Twsh		0420
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hospital			d. STREET ADDRESS (If rural, give location) 6 mi N. E. Brownington		

3. NAME OF DECEASED (Type or Print) Kirby Frances Conrad Jr.			4. DATE OF DEATH Mar. 13 1950		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Jan. 10 1948		9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 3	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Clinton, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A/.	
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13a. FATHER'S NAME Kirby Conrad		13b. MOTHER'S MAIDEN NAME Juanita Scott		14. NAME OF HUSBAND OR WIFE None	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kirby Conrad Brownington, Mo.		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PERICARDITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
					4343

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from 13 Mar, 1950, to 13 MAR, 1950, that I last saw the deceased alive on 13 Mar, 1950, and that death occurred at 9 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh B. Walker, MD Coroner		23b. ADDRESS Clinton, Mo		23c. DATE SIGNED 15 Mar 1950	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 16 1950	24c. NAME OF CEMETERY OR CREMATORY Iconium Cemetery	24d. LOCATION (City, town, or county) (State) Iconium Missouri		
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DATE REC'D BY LOCAL REG. Mar-16-50	REGISTRAR'S SIGNATURE Florence Adair	432	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred E. Johnson, Clinton Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 24 1950

RECEIVED

District Health Officer No. 7,

District File Number 2-50-227

Date Filed 3-20-50

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 Fred E. Wilkinson Jr.

Licensed Embalmer No. 4510

P. O. Address Clinton, 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.