

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17899

BIRTH NO.		REG. DIST. NO. 314		PRIMARY REG. DIST. NO. 6058		Registrar's No. 82		
1. PLACE OF DEATH a. COUNTY HECK St. Clair				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY St. Clair				
b. CITY OR TOWN Chalk Level		c. LENGTH OF STAY (in this place) 35 yrs.		c. CITY OR TOWN Chalk Level		1930		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION RFD #3 Osceola, Missouri				d. STREET ADDRESS (If rural, give location) RFD #3 Osceola, Missouri				
3. NAME OF DECEASED (Type or Print) a. (First) Kirbie b. (Middle) A. c. (Last) Conrad			4. DATE OF DEATH (Month) (Day) (Year) Apr. 30 1950					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 14 1871		
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 3		IF UNDER 1 YEAR Days 16		IF UNDER 1 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 Own Farm		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Cloie Conrad			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 549-36-8710		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Cloie Conrad, RFD #3 Osceola, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-Sclerosis DUE TO (c) Renal Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 day 5 yrs. 10 yrs 5 1/3 X	
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)				
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 12-1, 1949 , to 4-30, 1950 , that I last saw the deceased alive on 4-29, 1950 , and that death occurred at 1:00A.M. , from the causes and on the date stated above.								
23a. SIGNATURE T. H. Douglas, Jr. (Degree or title) M.D.				23b. ADDRESS Osceola, Mo.		23c. DATE SIGNED 5-4-50.		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 4-1950		24c. NAME OF CEMETERY OR CREMATORY Concord Cemetery		24d. LOCATION (City, town, or county) (State) Concord, Missouri		
DATE REC'D BY LOCAL REG. June 5-50		REGISTRAR'S SIGNATURE Ruth Seaman		25. FUNERAL DIRECTOR'S SIGNATURE Ludwell J. Clinton		ADDRESS		

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

RECEIVED 6-12-50
District Health Officer No. 71
District File Number 5-50-647
Date Filed 6-12-50

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 C. Williams*
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.