No. 300
10.48

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

FILED MAR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4431

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 2000 Registrar's No. 176

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Burge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield 0341
d. STREET ADDRESS (If rural, give location) 1140 East Meadowmere

3. NAME OF DECEASED (Type or Print)
a. (First) Phil
b. (Middle) Clifford
c. (Last) Condict

4. DATE OF DEATH (Month) Feb, (Day) 26, (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 25, 1869
9. AGE (In years last birthday) | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Printer
11. BIRTHPLACE (State or foreign country) Lamar, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Quincy Condict
13b. MOTHER'S MAIDEN NAME Martha Black
14. NAME OF HUSBAND OR WIFE Elizabeth Condict, Spfd, Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Elizabeth Ann Condict
ADDRESS Spfd 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1949, *to* Feb 26, 1951, *that I last saw the deceased alive on* Feb 26, 1951, *and that death occurred at* 7:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Kenneth C. Coffee M.D. (Degree or title)
23b. ADDRESS Springfield, Mo.
23c. DATE SIGNED 2-26-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/28/51
24c. NAME OF CEMETERY OR CREMATORY Maple Park
24d. LOCATION (City, town, or county) Springfield, Mo. (State)

DATE REC'D BY LOCAL REG. 2/26/51
REGISTRAR'S SIGNATURE W. E. Handley MD
25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer
ADDRESS Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 14 1951

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 Walter E. Hamelle

Licensed Embalmer No. 3808

P. O. Address Springfield Me

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.