

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

8990

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 1740

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>all life</u>	c. CITY OR TOWN <u>Joplin</u>		0495
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2911 E. 9th</u>			d. STREET ADDRESS (If rural, give location) <u>2911 E. 9th</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rhoda</u>		b. (Middle) <u>Blevins</u>		c. (Last) <u>Conrad</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>3-19-1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 4, 1877</u>		9. AGE (In years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Blevins</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Gler F. Conrad</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Crystal Culton</u>		ADDRESS <u>3033 E. 9th</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Bronchial Pneumonia</u>	
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-16-51</u>		*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	
DUE TO (b) <u>Chronic Myocarditis</u>		Arterial Sclerosis		Unknown	
DUE TO (c) <u>Cardio Vascular Renal Disease</u>		Renal Disease		Unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		442X		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)	
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 <u>1-13</u> , 19 <u>51</u> , to <u>3-19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-18</u> , 19 <u>51</u> and that death occurred at <u>4:55 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>321. Frisco Bldg., Joplin, Mo.</u>		23c. DATE SIGNED <u>3-22-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 21, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Joplin Jasper Missouri</u>		DATE REC'D BY LOCAL REG. <u>3-28-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>David Dillon</u>		ADDRESS <u>Funeral Home, Joplin, Mo.</u>			

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

RECEIVED 3-26-51

Jeppor County Health Office

County File Number 51-3-249

Date Filed 3-26-51

APR 1 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.

Signed David Dillon

Signed _____
Student Embalmer

Licensed Embalmer No. 3895

P. O. Address Joplin, 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.