

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26300**

FILED SEP 7 1951

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5168** Registrar's No. **242**

1. PLACE OF DEATH a. COUNTY CALLAWAY 0140		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CALLAWAY	
b. CITY OR TOWN RURAL M^CCAEDIE c. LENGTH OF STAY (in this place) 40 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL M^CCAEDIE 0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 MILES N.W. M^CCAEDIE, MO.		d. STREET ADDRESS (If rural, give location) 3 MILES N.W. M^CCAEDIE, MO.	

3. NAME OF DECEASED a. (First) ELLA b. (Middle) JANE c. (Last) CONRAD			4. DATE OF DEATH (Month) (Day) (Year) AUG 30 1951		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED		8. DATE OF BIRTH Feb. 6, 1864		9. AGE (In years last birthday) 87 Months 6 Days 24		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Iowa		12. COUNTRY OF WHAT CITIZENRY? U.S.A.	
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13a. FATHER'S NAME William Du Bois			13b. MOTHER'S MAIDEN NAME Catherine Heich			14. NAME OF HUSBAND OR WIFE W. F. CONRAD		
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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 NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Raymond Conrad, M^CCaedie, Mo.		ADDRESS	
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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) Myocardial Infarction 5 mo						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis						4 mos.	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **1939**, to **Aug 30, 1951**, that I last saw the deceased alive on **Aug 29, 1951**, and that death occurred at **3:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE R.H. Roman (Degree or title) DO		23b. ADDRESS Buypass, Mo		23c. DATE SIGNED 5-30-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 31, 1951		24c. NAME OF CEMETERY OR CREMATORY Hillcrest		24d. LOCATION (City, town, or county) (State) Fulton, Mo	
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DATE REC'D BY LOCAL REG. Sept 1-1951		REGISTRAR'S SIGNATURE Maretha Lawrence		25. FUNERAL DIRECTOR'S SIGNATURE maurice ADDRESS Funeral Home Buypass, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 4 - 1951

RECEIVED

SEP 17 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Walter J. Haine, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, ms.

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.