

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

FILED JUL 11 1955

State File No. **18211**

BIRTH NO. 42851-55 REC. DIST. NO. 116 PRIMARY REC. DIST. NO. 3020 Registrar's No. 112

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Franklin</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington</b>	
c. LENGTH OF STAY (In this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>431 Stafford Street</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <b>Margaret</b>	b. (Middle) <b>Ann</b>	c. (Last) <b>Gonrad</b>	(Month) <b>7</b>	(Day) <b>5</b>	(Year) <b>1955</b>

<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> -----	<b>8. DATE OF BIRTH</b> <b>7 - 3 - 1955</b>	<b>9. AGE</b> (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
				<b>2</b>		<b>2</b>		

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>None</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>None</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Washington Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Luther Berky Conrad</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Pauline Johnson</b>	<b>14. NAME OF HUSBAND OR WIFE</b> -----
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mr. Luther Conrad</b>	<b>ADDRESS</b> <b>Washington, Mo.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Immaturity</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	b. <b>6 mos gestation</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) -----		
	DUE TO (c) -----		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from July 3, 1955 to July 9, 1955, that I last saw the deceased alive on July 5, 1955, and that death occurred at 11:15 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <i>[Signature]</i>	<b>23b. ADDRESS</b> <b>Washington Mo</b>	<b>23c. DATE SIGNED</b> <b>7/6/55</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>7-6-55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Phy. Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Washington Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>7/6/55</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>[Signature]</i>	<b>ADDRESS</b> <i>[Address]</i>
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(Licensed Embalmer's Statement on Reverse Side)

*Body was not embalmed*

**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.....

*M. H. Willenbrink*

Licensed Embalmer No. ....

*4511*

P. O. Address.....

*Washington, D. C.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.