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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1956

State File No. **39790**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **87**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellsinore	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Route #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) Janel	b. (Middle) Condray	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) De c. 29, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH Dec. 19, 1955	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 2 WKS.
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Poplar Bluff, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME James Condray	13b. MOTHER'S MAIDEN NAME Etta Mae Boyer	14. NAME OF HUSBAND OR WIFE None
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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	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME James Condray	ADDRESS Ellsinore, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infectious Hepatitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Not known DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 092x			

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) m.	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 **12-28, 1955**, to **12-29, 1955**, that I last saw the deceased alive on **12-29, 1955**, and that death occurred at **4:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. ... mo.	23b. ADDRESS Poplar Bluff Hosp	23c. DATE SIGNED 12-30-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-30-55	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem.	24d. LOCATION (City, town, or county) (State) Ellsinore, Mo.
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DATE REC'D BY LOCAL REG. 1/4/56	REGISTRAR'S SIGNATURE W. H. ...	25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell	ADDRESS Poplar Bluff, Mo.
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(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED
JAN 9 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.