

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4025

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>160</u>	
1. PLACE OF DEATH a. COUNTY <u>Cane Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cane Girardeau</u>		c. LENGTH OF STAY (in this place) <u>?</u>		c. CITY OR TOWN <u>New Madrid</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>635 Powell St.</u> <u>0.72/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Effie</u> b. (Middle) <u>Mae</u> c. (Last) <u>Conran</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21, 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>May 15, 1878</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>6</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New Madrid, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Matthews Conran SR.</u>			13b. MOTHER'S MAIDEN NAME <u>Sallie Butler</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.V. Conran, New Madrid, Missouri</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocardial failure</u> DUE TO (c) <u>Chronic pulmonary fibrosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (3) <u>Acute Pneumonitis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>492x</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>(mixed type infarct)</u>					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) (Min.)		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>12-21-</u> , 1955, to <u>2-21-</u> , 1956, that I last saw the deceased alive on <u>2-21-</u> , 1956, and that death occurred at <u>2:30 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Albion Estes MD.</u>				23b. ADDRESS <u>714 Broadway, Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>2-24-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>25 Feb. 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Madrid, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-5-56</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u>		EMERALD DIRECTOR'S SIGNATURE <u>Richard W. White</u>		ADDRESS <u>New Madrid, Mo. 1990.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 10 1958

MAY 17 1958

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.....
Signature of Student Embalmer

Signed *Sammy L. Roberts*.....

Licensed Embalmer No. *14886*

P. O. Address *New Madrid,*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.