

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1956

State File No. 26230

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 374

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE ILL b. COUNTY? 417	
b. CITY (If outside corporate limits, write RURAL and give township) CAPE GIRARDEAU		c. CITY OR TOWN EAST ST. LOUIS	
c. LENGTH OF STAY (in this place)		d. 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 Southeast Hosp		STREET ADDRESS (If rural, give location) 4920 McCASLAND AVE	

3. NAME OF DECEASED a. (First) William b. (Middle) Joseph c. (Last) CONRAD			4. DATE OF DEATH 8-7-56		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED (Specify)	8. DATE OF BIRTH Dec 7-1896	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Days 9 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.-A.

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes WW I	16. SOCIAL SECURITY NO. 361-09-9774	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth Oberle Hamilton	ADDRESS Hamilton Ohio
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of the 3rd Cervical Vertebrae + Internal injuries due to a Crushed Chest		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) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8234		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 32	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On Highway 51	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lutesville Bollinger Co Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 7 '56 4:45 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto ran off road + turned over
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22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on **Aug 7, 1956**, and that death occurred at **4:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. S. Sigmund, Coroner	23b. ADDRESS Jackson Mo	23c. DATE SIGNED Aug 7 '56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-9-56	24c. NAME OF CEMETERY OR CREMATORY Hamilton	24d. LOCATION (City, town, or county) (State) Hamilton Ohio
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DATE REC'D BY LOCAL REG. 8-13-56	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Gene Ward	ADDRESS Lutesville Mo
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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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 Eugene L. Stuhler, Student Embalmer No. 528 working under my personal supervision.

Student Eugene L. Stuhler
Signature of Student Embalmer

Signed J. Lorberg
Licensed Embalmer No. 3810
P. O. Address De Heide

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.