

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7430**

FILED APR 15 1957

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ADAIR	
b. CITY (if outside corporate limits, write RURAL and give town or township) KIRKSVILLE	c. LENGTH OF STAY (in this place) 0	c. CITY OR TOWN KIRKSVILLE	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 KIRKSVILLE OSTEOPATHIC		STREET ADDRESS (If rural, give location) 1310 E. ALEXANDER	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) ADAM c. (Last) CONDER			4. DATE OF DEATH (Month) (Day) (Year) APRIL 6 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 31 1888	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRISON GUARD		10b. KIND OF BUSINESS OR INDUSTRY GUARD	11. BIRTHPLACE (City and State or Foreign Country) ADAIR COUNTY - MO		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ADAM J. CONDER	13b. MOTHER'S MAIDEN NAME MINERVA HOLLADAY	14. NAME OF HUSBAND OR WIFE ARCILDA SMALLWOOD
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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. 490-18-7493	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ARCILDA CONDER KIRKSVILLE MO	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Toxemia		INTERVAL BETWEEN ONSET AND DEATH 2 days 181X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremic Acidosis		
	DUE TO (c) Chronic Pyelonephritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. due Implantation of Ureters into Sigmoid Colon, due carcinoma of the Bladder			

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)
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?

22. I hereby certify that I attended the deceased from 4-5, 1957, to 4-6, 1957, that I last saw the deceased alive on 4-6, 1957, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Doris W. Pattif	23b. ADDRESS Kirksville Mo.	23c. DATE SIGNED 4-8-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 9 1957	24c. NAME OF CEMETERY OR CREMATORY MAPLE HILL	24d. LOCATION (City, town, or county) (State) KIRKSVILLE Mo
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DATE REC'D BY LOCAL REG. 4-9-1957	REGISTRAR'S SIGNATURE Doris W. Pattif	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. B. Easton, Jr. - Hurdland Mo
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

No. 300
10-48

535

JUL 15 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.....
Geo. B. Easley Jr.

Licensed Embalmer No. *3755*

P. O. Address *Hurdland*

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.