FILED SEP 20 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32482

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Lexington — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) North 17th — Length of stay in 1b 12 Mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Lexington 0541 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) N 17th Street — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First William Middle H. Last Conrad

4. DATE OF DEATH Month Sept. Day 4, Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH April 4, 1877
9. AGE (In years on birthday) 80 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm Owner operator
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Henry Conrad
13b. MOTHER'S MAIDEN NAME Susan Pierce
14. NAME OF HUSBAND OR WIFE Fannie Conrad

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Sam Conrad, Address Odessa, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cornary Thrombosis — Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1942. Fresh Cornary attack
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/3/57, to 9/4/57 and last saw him alive on 9/4/57
Death occurred at 9-4-57 9 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ben H Brasher MD
22b. ADDRESS Lexington, Mo
22c. DATE SIGNED 9/4/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept. 7, 1957
23c. NAME OF CEMETERY OR CREMATORY Odessa Cenetery
23d. LOCATION (City, town, or county) (State) Odessa, Mo.

24. FUNERAL DIRECTOR Husman-Sparks ADDRESS Odessa, Mo.
Irving L. Husman
25. DATE RECD. BY LOCAL REG. 9-6-57
26. REGISTRAR'S SIGNATURE Minerva E Eastalink

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 23 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 Irving L. Hausman

Licensed Embalmer No. 7541

P. O. Address Odessa, T

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.