

FILED FEB 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

173

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 63

300
1-57

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>BOONE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ANDRAH</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>COLUMBIA</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>MEXICO</u> <u>0043</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>UNIVERSITY HOSPITAL</u> | | Length of stay in lb <u>15 days</u> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>EARL EMMETT CONKLIN</u> | | | 4. DATE OF DEATH Month Day Year <u>2 5 58</u> |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-22-09</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PLUMBING</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>L</u> | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>48</u> Months Days Hours Min. |
| 11. BIRTHPLACE (City and state or country) <u>L</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>EUGENE CONKLIN</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARIE GOWEN</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) | |
| 16. SOCIAL SECURITY NO. <u>498-12-1225</u> | | 17. INFORMANT Address <u>Hospital Records Columbia, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonitis (Aspiration)</u> <u>and Septic Cholangitis</u> DUE TO (b) <u>Hepatic Cirrhosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <u>Bleeding Esophageal Varices + Mesenteric Thrombosis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>?</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 Death occurred at <u>Jan 22-58</u> , to <u>2-5-58</u> and last saw <u>him</u> alive on <u>2-5-58</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Dr. Earl P. Bond</u> (Signature or title) | | 22b. ADDRESS <u>1001 W. Main, Mex.</u> | 22c. DATE SIGNED <u>2-5-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, county) (State) |
| <u>removal</u> | <u>Feb. 6, 1958</u> | <u>St. Charles Boromeo</u> | <u>St. Charles, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Lyman Sprinkle</u> ADDRESS <u>Columbia, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Feb 6 1958</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Ernest Spurdle*

Licensed Embalmer No. *4013*
P. O. Address *Columbian*

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.