

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

4168

State File No.

FILED JAN 22 1958

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6177 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Euchanan Twp.</u>		c. LENGTH OF STAY (in this place) <u>15 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Buchanan Twp.</u> /500		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 6 mi. N. Green City</u>			d. STREET ADDRESS (If rural, give location) <u>RFD Green City</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Kendall</u> c. (Last) <u>Conkin</u>			4. DATE (Month) (Day) (Year) OF DEATH <u>Jan. 8, 1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 27, 1895</u>		9. AGE (In years last birthday) <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Conkin</u>		13b. MOTHER'S MAIDEN NAME <u>Cleo Mullanix</u>		14. NAME OF HUSBAND OR WIFE <u>Elfa Brees Conkin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>493-42-2548</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elfa Conkin, Green City, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2</u> months <u>years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		332X
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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>July 16, 1957</u> , to <u>Jan 8, 1958</u> , that I last saw the deceased alive on <u>Jan 8, 1958</u> , and that death occurred at <u>2 A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Charles L. Gault Do</u>			23b. ADDRESS <u>Unionville Mo</u>		23c. DATE SIGNED <u>1-9-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 20, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Green City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-14-58</u>	REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glenn E. Featson, Green City, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 2 1958

MAY 9 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 _____
Student Embalmer

Signed Karl R. Lent

Licensed Embalmer No. 4689

P. O. Address Green City, Mo

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 this body is not embalmed, fact should be so stated above.