

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035255

STATE FILE NUMBER

FILED SEP 23 1958

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 176

S. 300
-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nevada 10 S 2
c. FULL NAME OF DECEASED (If not in hospital, give location) Fanning Nursing Home		Length of stay in lb 4yrs	d. STREET ADDRESS (If outside, give location) 411 So. Ash
3. NAME OF DECEASED (Type or print) First Dorothy Middle Blanch Last Conard			4. DATE OF DEATH Month September Day 14 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 28, 1927
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 30
11. BIRTHPLACE (City and state or country) Nevada, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W. O. Conard		13b. MOTHER'S MAIDEN NAME Myrtle M. Williamson	14. NAME OF HUSBAND OR WIFE none
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. none	17. INFORMANT Mrs. Earl Harper Nevada, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nephrosi Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Friedrich's ataxia DUE TO (c) 357X			INTERVAL BETWEEN ONSET AND DEATH 4 mo. abt 12 yrs.
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 a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 February 1958 to Sept 14, 58 and last saw her/him alive on Sept 8, 1958 Death occurred at 5:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James H. Hannon MD		22b. ADDRESS Nevada, Mo	
22c. DATE SIGNED Sept 16, 58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/17/58	23c. NAME OF CEMETERY OR CREMATORY Moore Cemetery	23d. LOCATION (City, town, or county) (State) Nevada, Missouri
24. FUNERAL DIRECTOR Eichinger Funeral Home-Nevada, Mo.		25. DATE RECD. BY LOCAL REG. 9-20-1958	26. REGISTRAR'S SIGNATURE Armas E. Ferry

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 *Rory F. Milster*

Licensed Embalmer No. *4835*
P. O. Address *Nevada, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.