

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014067

STATE FILE NUMBER

FILED MAY 12 1959 Registration District No. 167 Primary Registration District No. Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>1 Mile East BlueMound</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Cliflicothe, Mo. RFD</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>on Farm.</b>		Length of stay in lb <b>Life.</b>	d. STREET ADDRESS (If outside, give location) <b>10 Miles South</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>RALPH</b> Middle <b>Kirby</b> Last <b>Condron</b>			4. DATE OF DEATH Month <b>May</b> Day <b>4th</b> , Year <b>1959</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 23, 1895</b>		9. AGE (In years last birthday) <b>63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grain &amp; Livestock</b>	11. BIRTHPLACE (City and state or country) <b>Livingston Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
13a. FATHER'S NAME <b>James L. Condron</b>		13b. MOTHER'S MAIDEN NAME <b>Cora Evans</b>		14. NAME OF HUSBAND OR WIFE <b>Ruby Leona (Perry) Condron</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes World War #1.</b>		16. SOCIAL SECURITY NO. <b>494-40-9337</b>	17. INFORMANT Address <b>Chillicothe, Mo.</b> <b>Mrs Ruby Leona Condron, RFD #2.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Farm Tractor He was operating</b> <b>Turned over backwards crushing him</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Lower one half of body crushed - 9121</b> DUE TO (c) <b>3</b>				INTERVAL BETWEEN ONSET AND DEATH	
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 <b>6:00</b> a.m. <b>May 4-59</b> p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>1 Mile East BlueMound</b>		20f. CITY, TOWN, OR LOCATION COUNTY <b>Livingston</b> STATE <b>Mo</b>	
21. I attended the deceased from <b>none</b> to <b>none</b> and last saw him alive <b>May 4-59</b> Death occurred at <b>6 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Joseph Casard, D.O. (Coroner)</b>			22b. ADDRESS <b>Chillicothe, Mo</b>		22c. DATE SIGNED <b>5/6/1959</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 7th, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Blue Mound Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>BlueMound, Missouri.</b>
24. FUNERAL DIRECTOR <b>Clifford W. Austin, Tina, Missouri.</b>			25. DATE RECD. BY LOCAL REG. <b>5/6/59</b>	26. REGISTRAR'S SIGNATURE <b>Francis B. Nord</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NOV 13 1956

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 *Clyford W Austin* .....

Licensed Embalmer No. 3233.....  
P. O. Address Tina, Missouri.....

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.