

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-008704

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1074

FILED MAR 20 1961

DATE AMENDED 3-8-61  
 INSTEAD OF 2-17-17  
 SHOULD READ July 17, 1917  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
Length of stay in 1b <b>3 YEARS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DEAD ON ARRIVAL BAPTIST MEMORIAL HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>24 EAST 70TH STREET</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <b>FRANCIS VIRGIL CONRAD</b>			4. DATE OF DEATH Month Day Year <b>FEBRUARY 27 1961</b>
5. SEX <b>MALE</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>1/17/17</b>
9. AGE (last birthday) <b>43</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10. KIND OF BUSINESS OR INDUSTRY (Give kind of work done during most of working life, even if retired) <b>SALES CLERK AUTO ACCESSORIES DEPT. SEARS ROEBUCK &amp; COMPANY</b>		11. BIRTHPLACE (City and state or country) <b>TOPEKA, KANSAS</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>			
13a. FATHER'S NAME <b>E. C. CONRAD</b>		13b. MOTHER'S MAIDEN NAME <b>VERNA ELKINS</b>	
14. NAME OF HUSBAND OR WIFE <b>IONE CONRAD</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 II</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>MRS. IONE CONRAD</b>		Address <b>24 EAST 70TH ST. KANSAS CITY, MO.</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) <u>Smoking Cigarette</u> <b>Carbon monoxide poisoning</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Hose connected to exhaust pipe and into auto</b>	
20c. TIME OF INJURY Hour Month, Day, Year <b>2-27-61</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home Garage</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Kansas City Jackson Missouri</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>4:30 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) <i>The County Inspectors</i>		22b. ADDRESS <i>6600 P. Westwood</i>	
22c. DATE SIGNED <i>2-28-61</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>Mar. 1, 1961</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery.</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS - KANSAS CITY, MO.</b>		25. DATE-RECD. BY LOCAL REG. <b>3-1-61</b>	
26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>			

BY AFFIDAVIT of Informant - Ione Conrad  
 C. Keahofer MEDICAL CERTIFICATION

AUG 1 1961

**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 M. Quincy*

Licensed Embalmer No. 3566

P. O. Address K.C.M.s.

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.