# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-010297
STATE FILE NUMBER

AMENDED

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 13

FILED MAR 27 1961

1. PLACE OF DEATH
a. COUNTY ST. CLAIR
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Appleton City — Length of stay in 1b 66 yr.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) None — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY ST. CLAIR
c. CITY OR TOWN Appleton City — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: ALBERT Middle: AUGUST Last: WILLIAM CONRAD
4. DATE OF DEATH Month: MAR. Day: 16 Year: 1961
5. SEX M
6. COLOR OR RACE W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH May 15-89
9. AGE (last birthday) 71
IF UNDER 1 YEAR: Months 10 Days 1
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) YORK, Neb.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME WILLIAM CONRAD
13b. MOTHER'S MAIDEN NAME ALBERTINA RECTZ
14. NAME OF HUSBAND OR WIFE VIZZIE CONRAD
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.
17. INFORMANT VIZZIE CONRAD Address Appleton City Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CORONARY INSUFFICANCY — INTERVAL BETWEEN ONSET AND DEATH: SUDDEN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) INSULIN SHOCK — 45 MIN.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 last illness to and last saw her/him alive on Mar 16 1961
Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert H. Brownsberger (Degree or title) MD
22b. ADDRESS Appleton City Mo
22c. DATE SIGNED Mar 17 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-18-61
23c. NAME OF CEMETERY OR CREMATORY Appleton City
23d. LOCATION (City, town, or county) (State) Appleton City, Mo.

24. FUNERAL DIRECTOR Oscar Eckhoff ADDRESS Appleton City Mo.
25. DATE RECD. BY LOCAL REG. March 17, 1961.
26. REGISTRAR'S SIGNATURE Geo Abney

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

NOV 21 1967

**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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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