MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-037631
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 603

FILED OCT 29 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

10109
30465
3
4 1
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92044
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12 2-0
13 3-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia — Length of stay in 1b: 10 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: University of Mo. Medical Center — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Howell
c. CITY OR TOWN: West Plains — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1116 St Louis St. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Dollie Middle: Ann Last: Conrad
4. DATE OF DEATH: Month 10 Day 20 Year 62
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-8-88
9. AGE (last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Ark.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jasper Reavis
13b. MOTHER'S MAIDEN NAME: Lucy Anderson
14. NAME OF HUSBAND OR WIFE: —
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.: none
17. INFORMANT: University of Mo medical Records — Address:

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) Cessation of Respiration — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Complications of Blood Dyscrasia — 2 wks +
DUE TO (c) Stem Cell Leukemia — 2 Months +
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. ☐ 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 10-10-62, to 10-20-62 and last saw her alive on 10-20-62
Death occurred at 2:40 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John M. Laud MD (Degree or title)
22b. ADDRESS: MU Medical Center
22c. DATE SIGNED: 10-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-20-1962
23c. NAME OF CEMETERY OR CREMATORY: State Line
23d. LOCATION (City, town, or county) (State): West Plains, Missouri

24. FUNERAL DIRECTOR: Parker Funeral Service, Columbia Mo — ADDRESS:
25. DATE RECD. BY LOCAL REG.: Oct. 20, 1962
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

DEC 7 1962

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_____

Licensed Embalmer No. 4897

P. O. Address Columbus 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.