

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015262

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4997 Registrar's No. 4444 64

DO NOT WRITE ON THIS STUB	AMENDED	DATE AMENDED	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
VS 300 Rev. 4/59						
1 0192						
2 0190						
3						
4 0						
5 1						
6						
7 0						
8 0						
94201						
10						
11						
12 1-0						
13 2-0						

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Harrisonville</b>		Length of stay in 1b <b>2 weeks</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cass Co. Memorial Hosp.</b>		d. STREET ADDRESS <b>West Peculiar Township</b>	
3. NAME OF DECEASED (Type or print) First <b>EARL</b> Middle <b>MARSHALL</b> Last <b>CONRAD</b>		4. DATE OF DEATH Month <b>May</b> Day <b>7</b> Year <b>1963</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>5/26/1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (City and state or country) <b>Billings, Mo.</b>
13a. FATHER'S NAME <b>Francis Conrad</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Conrad</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) <b>Yes W. W. #1</b>		17. INFORMANT <b>Mrs. Estella Conrad R. R. 2 Peculiar, 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) <b>Coronary Occlusion</b> DUE TO (b) <b>Coronary insufficiency</b> DUE TO (c) <b>Atherosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>
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 type="checkbox"/> NO <input type="checkbox"/>	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. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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 <b>4-22-63</b> to <b>5-7-63</b> and last saw her alive on <b>5-6-63</b> . Death occurred at <b>1:20 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Edward S. Jones M. D.</b>		22b. ADDRESS <b>Harrisonville, Mo</b>	
22c. DATE SIGNED <b>5-8-63</b>		22d. CITY, TOWN, OR COUNTY (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/9/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wills Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Peculiar, Mo.</b>		23e. STATE	
24. FUNERAL DIRECTOR <b>E. K. George &amp; Sons</b>		25. DATE RECD. BY LOCAL REG. <b>5-8-63</b>	
ADDRESS <b>Belton, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Ray J. Seber</b>	

MAY 15 1963

**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

*Richard E. Geary*

Licensed Embalmer No. 3958

P. O. Address Belton 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.