

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11394

State File No. ....

FILED MAY 4 1955

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. ....		REG. DIST. NO. <u>80</u>		PRIMARY REG. DIST. NO. <u>5306</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole Co 0260</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole 0260</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centertown, Mo Marion 20 Yrs</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centertown, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, Centertown, Mo</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emil</u> b. (Middle) <u>Otto</u> c. (Last) <u>Conrad</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 27 1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 16 1882</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u>11</u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Contract Work</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Otto F Conrad</u>			13b. MOTHER'S MAIDEN NAME <u>Wilhelmena Alamon</u>		14. NAME OF HUSBAND OR WIFE <u>Carrie Conrad</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>486-18-1219</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde E. Conrad</u> ADDRESS <u>Centertown</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Prostate</u> ANTECEDENT CAUSES <u>with Metastasis</u> DUE TO (b) <u></u> DUE TO (c) <u></u> MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2+ years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Centertown Cole Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>1</u>			
22. I hereby certify that I attended the deceased from <u>11-14 1954</u> , to <u>4-26 1955</u> , that I last saw the deceased alive on <u>4-26 1955</u> , and that death occurred at <u>5:20 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. B. Fuchs, M.D.</u> (Degree or title)				23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>4-29-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/30/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centertown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centertown, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 30</u>		REGISTRAR'S SIGNATURE <u>Mrs. Minnie Nettum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Borstein</u> ADDRESS <u>California</u>			

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**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.

Signed.....  
Student Embalmer

Signed Joe K. H. Bowlin  
Licensed Embalmer No. 4933  
P. O. Address California, 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 this body is not embalmed, fact should be so stated above.