

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

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Springfield**
(c) Name of hospital or institution: **St. John's Hospital**
(d) Length of stay: In hospital or institution **6 days**
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Dade**
(c) City or town **Greenfield**
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME **Mr. Hugh Drysdale**
(b) If veteran, name war **No**
(c) Social Security No. **NO**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **25**
year **1946** hour **4:30** minute **P** M.

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Juanita Drysdale**
6. (c) Age of husband or wife if alive **27** years
7. Birth date of deceased **August 26th 1918**

21. I hereby certify that I attended the deceased from **1-19-46** 19, to **1-25-46** 19;
that I last saw him alive on **1-25-46** 19;
and that death occurred on the date and hour stated above.
Immediate cause of death **Pulmonary Embolus**
Post operative

8. AGE: Years **34** Months **4** Days **29**
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **46 2nd**

9. Birthplace **Greenfield Mo.**
10. Usual occupation **Farmer**

Major findings of operations **Carcinoma of sigmoid Colon with Volvulus**
Of autopsy _____

11. Industry or business _____
12. Name **Mr. Ed Drysdale**
13. Birthplace **Greenfield Mo.**
14. Maiden name **Mrs. Oona Davis (Deceased)**
15. Birthplace **Greenfield Mo.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant **Mrs. Cora Drysdale**
(b) Address **Greenfield, Mo.**
17. (a) **Burial** (b) Date thereof **Jan. 27, 1946**
(c) Place: burial or cremation **Greenfield Mo.**
18. (a) Signature of funeral director **Sam B. Sanchez**
(b) Address **Greenfield Mo.**
19. (a) **1-26-46** (b) **W. H. Handley**

Physician _____
Underline the cause to which death should be charged statistically.
23. Signature **J. A. Davis** (M. D. or other) **MS**
Address **Springfield, Mo.** Date signed **1/24/46**

JAN 9 1951

JAN 3 1951

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

X