S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 31 1948

Registration District No. 38

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7811

Primary Registration District No. 3006

Registrar's No. 85

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 18 Days (Specify whether years, months or days)
In this community: 78 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia (If outside city or town limits, write "RURAL")
(d) Street No.: Route 5 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: JOE WALTER DRANE
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Effie Little Drane
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 3 (Month) - 25 (Day) - 1869 (Year)
8. AGE: Years 78 Months 11 Days 25 If less than one day: hr. min.
9. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Davis Clark Drane
FATHER 13. Birthplace: (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Goslin
MOTHER 15. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: J.C. Drane
(b) Address: Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) 3-24-48 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar. day: 20 year: 1948 hour: 3 minute: 15 P.M.
21. I hereby certify that I attended the deceased from July 23, 1947, to March 20, 1948; that I last saw him alive on March 20, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinomatosis Peritoneal	7 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis	

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Edwin C Schmidtke (M. D. or other)
Address: Columbia, Mo. Date signed: 3/22/48

(Licensed Embalmer's Statement on Reverse Side)

FEB 6 1950

RECEIVED
District Health Officer No. 9,
District File Number MAR 30 1948
Date Filed

JAN 9 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 M N Whitesides

Licensed Embalmer No. 3893

P. O. Address Columbia 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.