

**STANDARD CERTIFICATE OF DEATH**

7254

State File No. ....

FILED MAR 17 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3900 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Sullivan</u>	
b. CITY OR TOWN <u>KIRKSVILLE</u>		c. CITY OR TOWN <u>Green City</u>	
c. LENGTH OF STAY (in this place) <u>6 day</u>		d. STREET ADDRESS (If rural, give location) <u>Green City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C.O.S. HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EMMETT</u>	b. (Middle) <u>LEON</u>	c. (Last) <u>DRAPER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 3-1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct. 11-1903</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>22</u>	IF UNDER 10 HOURS	IF UNDER 15 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Labor-Butcher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Butcher</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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12a. FATHER'S NAME <u>SAMUEL DRAPER</u>	13b. MOTHER'S MAIDEN NAME <u>MAY CAIN</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Cora Hunsaker</u>	ADDRESS <u>Green City</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory collapse</u>		<u>15 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u> DUE TO (c) <u>Nephritis due to 592K</u>		<u>4 weeks</u> <u>years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic glomerular nephritis</u>		<u>years</u>	

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at work</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Green City, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>
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22. I hereby certify that I attended the deceased from Feb 26, 1949, to March 3, 1949, that I last saw the deceased alive on March 3, 1949, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>M.T. Hutenshu D.O.</u>	(Degree or title)	23b. ADDRESS <u>Kirksville, Mo.</u>	23c. DATE SIGNED <u>3-3-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 7, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MC Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Green City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-8-49</u>	REGISTRAR'S SIGNATURE <u>Wate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Hunt &amp; Son</u>	ADDRESS <u>Green City</u>
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No. 300  
10-48  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

District File Number 3-49

Date Filed MAR 16 1949

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.....

Karl R. Kent

Student Embalmer No. 243

working under my personal supervision.

Signed.....

Karl R. Kent  
Student Embalmer

Signed.....

Archibald Wade

Licensed Embalmer No. 3037

P. O. Address

Brew City N.C.

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.