FILED OCT 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32678

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6109 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY Scotland Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Union
c. LENGTH OF STAY (in this place) /
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Scotland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Union
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Olevia b. (Middle) F c. (Last) Drake

4. DATE OF DEATH (Month) Sept. (Day) 1 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec. 10, 1861

9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY Housekeeper

11. BIRTHPLACE (State or foreign country) Scotland Co. Mo

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Cletes Riney

13b. MOTHER'S MAIDEN NAME Amanda Rush

14. NAME OF HUSBAND OR WIFE Walter Drake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Vault Vaught

17. INFORMANT'S SIGNATURE OR NAME Vault Vaught — ADDRESS Memphis

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis and Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 4221

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 22 Aug., 1949, *to* 1 Sept., 1949, *that I last saw the deceased alive on* 31 Aug, 1949, *and that death occurred at* 5 30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Charles D. Fenton M.D.

23b. ADDRESS Bloomfield Iowa

23c. DATE SIGNED 9-Sept 49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-3-1949

24c. NAME OF CEMETERY OR CREMATORY Richland

24d. LOCATION (City, town, or county) (State) Hitt Mo

DATE REC'D BY LOCAL REG. 9/24/49

REGISTRAR'S SIGNATURE P M Baker 407

25. FUNERAL DIRECTOR'S SIGNATURE A Wayne & Sons — ADDRESS Memphis

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 19 1950

RECEIVED OCT 1 1949
District Health Officer No. 10
District File Number 10-49-16
Date Filed OCT 1 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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Signed Neal Payne

Signed .....
Student Embalmer

Licensed Embalmer No. 2550

P. O. Address Memphis, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.