

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8628

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1341

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY	c. LENGTH OF STAY (in this place) 30 years	c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5331 Highland Little Sisters of		d. STREET ADDRESS (If rural, give location) 5331 Highland	
3. NAME OF DECEASED (Type or Print) a. (First) THEODORE		b. (Middle) the POOR	c. (Last) DRURY
5. SEX male		6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married ()
8. DATE OF BIRTH Jan. 2, 1866		9. AGE (in years last birthday) 84	10. UNDER 1 YEAR Months Days
11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME James Drury		13b. MOTHER'S MAIDEN NAME Anna Malone	14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sister Emilie, 5331 Highland	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchitis Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>		15 years
		DUE TO (c) <u>Generalized Arteriosclerosis</u>		20 years
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)
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?

22. I hereby certify that I attended the deceased from Nov 4, 1950, to Nov 11, 1950, that I last saw the deceased alive on Nov 18, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE John P. Skinner (Degree or title)	23b. ADDRESS 1102 Grand Ave	23c. DATE SIGNED 3/19/50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial ()	24b. DATE March 22, 1950	24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 3-22-50	REGISTRAR'S SIGNATURE <u>Staldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank E. Jasin</u> 20 W. Linwood Blvd
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(Licensed Embalmers' Statement on Reverse Side)

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

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3750

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.

Student
Student Embalmer

Signed Forrest P. Coldenow

Licensed Embalmer No. 4714

P. O. Address Kansas City, 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.