

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14180

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Salisbury Twp.</u>	
c. LENGTH OF STAY (If in place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile East of Salisbury</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Draper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 29 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 14 1869</u>
9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Days <u>15</u>	IF UNDER 1 MIN. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Mo. D.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Vance</u>	13b. MOTHER'S MAIDEN NAME <u>Lydia Young</u>	14. NAME OF HUSBAND OR WIFE <u>William O. Draper</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Draper</u> ADDRESS <u>St Louis, Mo.</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES DUE TO (b) <u>Cardiac Degeneration</u> Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>			
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 <u>April 27</u> , 19 <u>50</u> to <u>April 29</u> , 19 <u>50</u> that I last saw the deceased alive on <u>April 29</u> , 19 <u>50</u> , and that death occurred at <u>9 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. L. Eichhorn M.D.</u>		23b. ADDRESS <u>Salisbury, Missouri</u>	23c. DATE SIGNED <u>5-9-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5-9-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Salisbury Mo</u>
DATE REC'D BY LOCAL REG. <u>May 2 1950</u>	REGISTRAR'S SIGNATURE <u>Leah Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo Blunk Meyer</u> ADDRESS <u>Salisbury, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 19 1953

OCT 7 1953

OCT 20 1954

JUN 27 1955

RECEIVED MAY 10  
District Health Officer  
District File Number 5-58  
Date Filed

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 *Chas B Winkelmeyer*

Licensed Embalmer No. *38420*

P. O. Address *Salisbury Md*

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.