

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19109
78

State File No.

381

6179

Registrar's No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY **Sullivan**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Sullivan**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural--Jackson Twp.**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural--Jackson Twp.** 1050

d. FULL NAME OF HOSPITAL OR INSTITUTION **8 1/2 mi. North West Green City**

d. STREET ADDRESS (If rural, give location) **8 1/2 mi N W Green City**

3. NAME OF DECEASED
a. (First) **James** b. (Middle) ----- c. (Last) **Drury**

4. DATE OF DEATH (Month) (Day) (Year)
May 30, 1950

5. SEX **Male**

6. COLOR OR RACE **White**

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

8. DATE OF BIRTH **Don't know--No records**

9. AGE (in years last birthday) 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)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Gen. Farming

11. BIRTHPLACE (State or foreign country)
New York

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Joseph Drury

13b. MOTHER'S MAIDEN NAME
Don't know

14. NAME OF HUSBAND OR WIFE
Bertie Drury

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.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Willard Drury Pollock Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Valvular disease of heart**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

4/21/4

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 **May 30, 1950**, to **May 30, 1950**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Walter T. ...

23b. ADDRESS
Green City, Missouri

23c. DATE SIGNED
June 1, 1950

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

24b. DATE
June 2, 1950

24c. NAME OF CEMETERY OR CREMATORY
Holliday Cemetery

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

DATE REC'D BY LOCAL REG.
June 5-1950

REGISTRAR'S SIGNATURE
Mrs. H. B. Harris 320

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Glenn E. Kent & Son, Green City, Mo.

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

FEB 26 1954

RECEIVED
JUN 6 1950
District Health Officer No. 10
District File Number 6-50-960
Date Filed JUN 8 1950

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green 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.