No. 300
10-48

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

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22938

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 251

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (In this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoaf Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sturgeon 0100
d. STREET ADDRESS (If rural, give location): /

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

4. DATE OF DEATH (Month) (Day) (Year): Aug. 1 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: 1877. Approx Age

9. AGE (In years last birthday): 73
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): D.K.

10b. KIND OF BUSINESS OR INDUSTRY: D.K.

11. BIRTHPLACE (State or foreign country): Indiana /

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: D.K.

13b. MOTHER'S MAIDEN NAME: D.K.

14. NAME OF HUSBAND OR WIFE: D.K.

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

16. SOCIAL SECURITY NO.: D.K.

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Shoaf Nursing Home Fulton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

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. 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* May 26, 1950, *to* Aug 1st, 1950, *that I last saw the deceased alive on* Aug 1st, 1950, *and that death occurred at* 7:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] MD

23b. ADDRESS: Fulton Mo

23c. DATE SIGNED: 8/2/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 8-2-1950

24c. NAME OF CEMETERY OR CREMATORY: Unknown

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

DATE REC'D BY LOCAL REG.: Aug 2-1950

REGISTRAR'S SIGNATURE: Maretta Lawrence 426

25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Wallace Funeral Home Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

AUG - 8 1950

DISTRICT HEALTH OFFICE No. 4

File No. _____

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, Mo

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.