

S. No. 300
V. 10.48

0350

FILED JUL 21 1950 STANDARD CERTIFICATE OF DEATH

State File No. 23184

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>1 YR</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		0350
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural # 1</u>			d. STREET ADDRESS (If rural, give location) <u>R.D. # 1</u>		

3. NAME OF DECEASED (Type or Print) <u>SHARON LAVERN DRAPER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 11, 1950</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 30, 1948</u>	9. AGE (In years last birthday) <u>2</u>	MONTHS <u>8</u>	DAYS <u>11</u>	IF UNDER 1 YEAR Hour Min.	IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Flint Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Carl Draper</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Kemp</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl Draper</u>			ADDRESS <u>Kennett Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Lesion</u>				<u>2 1/2 yrs</u>
		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.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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 July 10, 1950, to July 11, 1950, that I last saw the deceased alive on July 11, 1950, and that death occurred at 10 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chester R. Peck M.D.</u>		(Degree or title)		23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>7-12-1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 13, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo</u>				
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DATE REC'D BY LOCAL REC. <u>July 12-1950</u>		REGISTRAR'S SIGNATURE <u>Carl Husband</u>		90		25. FUNERAL DIRECTOR'S SIGNATURE <u>O.L. Mowery</u>		ADDRESS <u>Piggott Ark</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT7-14-50.....

COUNTY FILE NUMBER ..250-205.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.