

0210 FILED NOV 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32948

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) Keytesville	c. LENGTH OF STAY (In this place) All his life	c. CITY (If outside corporate limits, write RURAL and give township) Keytesville 0210	
d. FULL NAME OF HOSPITAL OR INSTITUTION 326 N. Vandiver St.		d. STREET ADDRESS (If rural, give location) 326 N. Vandiver St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) Franklin	c. (Last) Drew	4. DATE OF DEATH (Month) (Day) (Year) Nov. 1 1950
--	-------------------------	-----------------------------	-----------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 23, 1774	9. AGE (In years last birthday) 76 IF UNDER 1 YEAR: (Month) (Day) 1 8 IF UNDER 4 HRS. (Hour) (Min.)
-----------------------	----------------------------------	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Musselfork, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	---

13a. FATHER'S NAME Jim B. Drew	13b. MOTHER'S MAIDEN NAME Emly Shifelett	14. NAME OF HUSBAND OR WIFE Ethel Drew
--	--	--

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 Mrs. John Bivins	ADDRESS Brunswick 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		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (apoplexy)		
	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 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 **Oct 30, 1950** to **Nov 1, 1950**, that I last saw the deceased alive on **Nov 1, 1950**, and that death occurred at **3.30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Carl C. Heger	(Degree or title) M.D.	23b. ADDRESS Keytesville, Mo.	23c. DATE SIGNED 11/2/50
--	-------------------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 2-1950	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Keytesville, Mo.
--	---------------------------------	--	--

DATE REC'D BY LOCAL REG. 11/3-50	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Keytesville Mo.
--	---	--	-----------------------------------

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

Date Received: NOV 8 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-1854
Date Filed: NOV 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 W. D. Law

Licensed Embalmer No. 3046

P. O. Address Key West, Fla

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.