

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 36090
Registrar's No. 82

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>3004</u>		Registrar's No. <u>82</u>	
1. PLACE OF DEATH a. COUNTY <u>BARTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAMAR</u>		c. LENGTH OF STAY (In this place) <u>2 yr, 7 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAMAR</u>		0061	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>300 Gulf</u>				d. STREET ADDRESS (If rural, give location) <u>300 GULF</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EVA</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>DRAKE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 28 1950</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>MARCH 18 1873</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>10</u>		IF UNDER 24 HRS. Hours <u>10</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BOOKKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BANKING</u>		11. BIRTHPLACE (State or foreign country) <u>INDIANAPOLIS, INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>GIDEON DRAKE</u>		13b. MOTHER'S MAIDEN NAME <u>PRISCILLA EDWARDS</u>		14. NAME OF HUSBAND OR WIFE <u>XXXXXX</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>MRS. FRANK THORPE,</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Uremia</u>				<u>June 1949</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Bladder</u>					
		DUE TO (c) _____					
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>180x</u>	
		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Bladder</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>June 17, 1949</u> , to <u>Nov. 28, 1950</u> , that I last saw the deceased alive on <u>Nov. 28, 1950</u> , and that death occurred at <u>3:25 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lein T. Bickel</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Lamar, Missouri</u>		23c. DATE SIGNED <u>12/1/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 1 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAKE</u>		24d. LOCATION (City, town, or county) (State) <u>LAMAR, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>DEC 1 - 1950</u>		REGISTRAR'S SIGNATURE <u>Maria Konantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Garb. Konantz</u>		ADDRESS <u>KONANTZ FUNERAL HOME LAMAR, MISSOURI</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 15 1951

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

DEC 27 1950

RECEIVED DEC 6 1950

Dist. File 1250-2451

Date Filed 12-8-50

DEC 28 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Walter J. Konantz

Licensed Embalmer No. 4773

P. O. Address Lamar, Missouri

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.