

FILED NOV 28 1950

Dr. Kelly

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36493

State File No. _____

No. 300

10-48

264

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 257

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> <u>0264</u>	
c. LENGTH OF STAY (in this place) <u>36 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>720 East McCarty Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rert</u> b. (Middle) <u>Henry</u> c. (Last) <u>Drane</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-22-1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec-4-1880</u>
9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auditor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>State Highway</u>	11. BIRTHPLACE (State or foreign country) <u>Charleston, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Marc Drane</u>	13b. MOTHER'S MAIDEN NAME <u>Agnes Ogilive</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Drane</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Drane</u> ADDRESS <u>Jefferson City, Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Duodenal ulcer with obstruction</u> ANTECEDENT CAUSES Morbidity 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. <u>Dyspepsia, Malaria, Pneumonia</u>	
19a. DATE OF OPERATION <u>Nov-20-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Duodenal ulcer with complete obstruction</u>	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>		19d. <u>5411</u> <u>not known</u> <u>1 day</u>	
18a. DATE OF OPERATION <u>Nov-20-50</u>		18b. MAJOR FINDINGS OF OPERATION <u>Duodenal ulcer with complete obstruction</u>	
18c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20. AUTOPSY?		
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 <u>11-14</u> , 19 <u>50</u> , to <u>11-22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-26</u> , 19 <u>50</u> , and that death occurred at <u>4:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Marshall W. Kelly M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo</u>	23c. DATE SIGNED <u>11/24/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov-25-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>
DATE REC'D BY LOCAL REG. <u>Nov-24-1950</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Kohler & Gordon</u> ADDRESS <u>Jefferson City, Mo</u>	

(Licensed Embalmer's Seal/Stamp on (Reverse Side))

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

RECEIVED

11-27-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-27-50

NOV 28 1950

NOV 29 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.

Signed Edison N. Houser

Signed _____
Student Embalmer

Licensed Embalmer No. 4579

P. O. Address Jefferson 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.