

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 220

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL, and give town or township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>18 years</u>		d. STREET ADDRESS (If rural, give location) <u>611 Concord, Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harry</u>	b. (Middle) <u>Thomas</u>	c. (Last) <u>Drake</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 12, 1951</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>April 26, 1894</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
--------------------	-------------------------------	---	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inspector Inland Waterways Civil Service</u>	10b. KIND OF BUSINESS OR INDUSTRY <u> </u>	11. BIRTHPLACE (State or foreign country) <u>Mound City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>Walter Drake</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Clark</u>	14. NAME OF HUSBAND OR WIFE <u>M Hilda Drake</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-12-1602</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Walter Drake - Industrial City, Mo.</u>	ADDRESS <u> </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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Start</u> <u>yes</u> <u>4201</u> <u>6 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essen. Hypertension</u>		
	DUE TO (c) <u> </u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Decompensation</u>			

19a. DATE OF OPERATION <u> </u>	19b. MAJOR FINDINGS OF OPERATION <u> </u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
----------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u> </u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u> </u>
--	--	--------------------------------------

22. I hereby certify that I attended the deceased from Dec, 1950, to 1-12, 1951, that I last saw the deceased alive on 1-12, 1951, and that death occurred at 10:50a m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.E. Grimes M.D.</u>	(Degree or title) <u> </u>	23b. ADDRESS <u>St Joseph Mo.</u>	23c. DATE SIGNED <u>1-15-51</u>
--	-----------------------------	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 15, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Jan 20, 1951</u>	REGISTRAR'S SIGNATURE <u>Leah L. Castel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stamey Funeral Home - St. Joseph, Missouri</u>	ADDRESS <u> </u>
--	---	--	-------------------

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

117

0117
11

FEB 15 1951

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 John Roy Stamey

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.