

THE DIVISION OF HEALTH OF MISSOURI
FILED FEB 12 1951 STANDARD CERTIFICATE OF DEATH

State File No. 1788

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY McDONALD	
b. CITY (If outside corporate limits, write RURAL and give township) PINEVILLE	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) PINEVILLE	0600
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) MYRTIE b. (Middle) LOREMA c. (Last) DRUMM			4. DATE OF DEATH (Month) (Day) (Year) JAN - 14 - 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 16 - 1879
9. AGE (in years last birthday) 71		10. MONTHS 3 DAYS 28 HOURS _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SAME	
11. BIRTHPLACE (State or foreign country) HEWINS KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME FRANK CROSS		13b. MOTHER'S MAIDEN NAME MARTHA J HARRIS	
14. NAME OF HUSBAND OR WIFE F.T. DRUMM			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME F. J. Deane Pineville		ADDRESS 200	
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) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH Sudden 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. 49	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:50 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) P. M. Humphrey Coroner		23b. ADDRESS Pineville, Mo	
23c. DATE SIGNED 1-15-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-16-51	
24c. NAME OF CEMETERY OR CREMATORY Anderson		24d. LOCATION (City, town, or county) (State) Anderson Mo.	
DATE REC'D BY LOCAL REG. 1-17-51		REGISTRAR'S SIGNATURE 423	
25. FUNERAL DIRECTOR'S SIGNATURE P. M. Humphrey		ADDRESS Pineville, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

0600
1

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

RECEIVED FEB 5 1957

Dist. File 251-312

Date Filed 2-6-57

FEB 13 1957

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 Mayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Princeton, N.J.

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.