

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16063**

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5370</u> Registrar's No. <u>46</u>							
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union Township</u>		c. LENGTH OF STAY (in this place) <u>2 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union Township</u>		<u>0310</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4 Miles North Gallatin</u>			d. STREET ADDRESS (If rural, give location) <u>4 Miles North Gallatin, Mo.</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ada</u>		b. (Middle) <u>May</u>	c. (Last) <u>Drummond</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 21 1951</u>							
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 14 1894</u>	9. AGE (In years last birthday) <u>57</u>	<table border="1"> <tr> <td># UNDER 1 YEAR</td> <td># UNDER 10 HRS.</td> </tr> <tr> <td>Months</td> <td>Days</td> </tr> <tr> <td>Hours</td> <td>Min.</td> </tr> </table>	# UNDER 1 YEAR	# UNDER 10 HRS.	Months	Days	Hours	Min.
# UNDER 1 YEAR	# UNDER 10 HRS.										
Months	Days										
Hours	Min.										
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Daviess County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>						
13a. FATHER'S NAME <u>Wood O. Caldwell</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Lehman</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Drummond</u>								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Drummond Rt. 4 Gallatin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, excessive fat</u> DUE TO (c) <u>arousal heart</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION  <u>4201</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (a.s., 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) m.	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>April 11, 1951</u> to <u>May 21, 1951</u> , that I last saw the deceased alive on <u>May 15, 1951</u> and that death occurred at <u>3:15 P.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>H. R. Barclay</u>		(Degree of title)	23b. ADDRESS <u>Gallatin, Mo.</u>		23c. DATE SIGNED <u>5/23/51</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-23-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Creekmore Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Daviess County, Missouri</u>								
DATE REC'D BY LOCAL REG. <u>25 May 1951</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Engelhardt</u>	81	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. O. Fuchsman</u> <u>Hora Funeral Home, Gallatin, Mo.</u>								

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

310

Not in 100% memory



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.

Signed.....  
Student Embalmer

Signed

Student Embalmer No. ....

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.