

5. No. 300
V. 10. 48

5396
0

Marston

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

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22697

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 692

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (In this place) 14 days		d. STREET ADDRESS (If rural, give location) 2222 N. Prospect	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) DELPHIA	b. (Middle) OLIVIA	c. (Last) DRUMWRIGHT	(Month) Aug.	(Day) 8	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 4 1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Will Price	13b. MOTHER'S MAIDEN NAME Harriet Roberts	14. NAME OF HUSBAND OR WIFE Earle Drumwright
--------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No	17. INFORMANT'S SIGNATURE OR NAME Mr. Earle Drumwright	ADDRESS Springfield
---	--	---	----------------------------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-Renal Disease DUE TO (c) _____		6 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Broncho-pneumonia		7-25-51 to 7-30-51	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442X	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) (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 **July 28, 1951**, to **August 8, 1951**, that I last saw the deceased alive on **Aug 6, 1951**, and that death occurred at **6:10 p m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Kenneth D. Coffey M.D.	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 8-9-51
---	--------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 10-51	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. 8-10-51	REGISTRAR'S SIGNATURE W.E. Handley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingman & Co. Supt.	ADDRESS W.B.
---	--	--	---------------------

(Licensed Embalmer's Statement on Reverse Side)

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. 4071

P. O. Address Springfield

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.