

FILED AUG 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26077

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY Audrain <i>0043</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY OR TOWN Mexico		c. CITY OR TOWN Mexico <i>0043</i>	
c. LENGTH OF STAY (In this place) 8 days		d. STREET ADDRESS (If rural, give location) 704 W. Liberty St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) THOMAS	c. (Last) DRAIN	4. DATE OF DEATH (Month) (Day) (Year) Aug. 18, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 17, 1872	9. AGE (In years) (Month) (Day) (Hour) (Min.) 78
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Alton R.R.	11. BIRTHPLACE (State or foreign country) Daviess County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William A. Drain	13b. MOTHER'S MAIDEN NAME Cynthia Richeson	14. NAME OF HUSBAND OR WIFE Elizabeth Irene Drain
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Forrest Drain, Mexico, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 16 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 331X
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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?
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22. I hereby certify that I attended the deceased from **Aug 1**, 19**51**, to **Aug 18**, 19**51**, that I last saw the deceased alive on **Aug 17**, 19**51**, and that death occurred at **7:00** m., from the causes and on the date stated above.

23a. SIGNATURE D. L. Garcia, M.D. (Degree or title)	23b. ADDRESS Unified Mo.	23c. DATE SIGNED 8-18-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 19, 51	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) (State) Mexico, Mo.
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DATE REC'D BY LOCAL REG Aug 19-1951	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Elmwood Park ADDRESS Mexico, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 11 1951

Date Received: AUG 27 1951
DISTRICT HEALTH OFFICE #2
District File Number 8-51-1503
Date Filed: AUG 27 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Ralph L. Houston Jr.

Licensed Embalmer No. 4687

P. O. Address Mexico, 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.