

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26171**

FILED SEP 10 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 909

1. PLACE OF DEATH a. COUNTY BUCHANAN <u>0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOLT	
b. CITY OR TOWN ST. JOSEPH		c. CITY OR TOWN OREGON <u>0440</u>	
c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI METHODIST			

3. NAME OF DECEASED (Type or Print)	a. (First) GLENN	b. (Middle) NORMAN	c. (Last) DREHER	4. DATE OF DEATH (Month) (Day) (Year) AUG. 30 1951
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5. SEX MALE <u>0</u>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED <u>1</u>	8. DATE OF BIRTH APRIL 4, 1922	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Month Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) CAFE OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) OREGON; MISSOURI <u>1</u>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME OTHA C. DREHER	13b. MOTHER'S MAIDEN NAME LOIS MAHON	14. NAME OF HUSBAND OR WIFE BETTY DREHER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) YES (If yes, give war or dates of service) WORLD WAR II	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. BETTY DREHER ADDRESS OREGON, MO.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medical Certification <i>Solely myelitic acute Bulbar type</i>		INTERVAL BETWEEN ONSET AND DEATH 5 days
	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 0800	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from 23 Aug 1951, to 30 Aug 1951, that I last saw the deceased alive on 29 Aug 1951, and that death occurred at 13:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Robert W. ... MD.</i> (Degree or title)	23b. ADDRESS <i>Laramie Mo</i>	23c. DATE SIGNED <u>30 Aug 51</u>
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24a. BURIAL, CREMATION, OR OTHER (Specify) BURIAL	24b. DATE SEPT. 1, 1951	24c. NAME OF CEMETERY OR CREMATORY MAPLE GROVE	24d. LOCATION (City, town, or county) (State) OREGON, MO.
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DATE REC'D BY LOCAL REG. Sept. 6, 1951	REGISTRAR'S SIGNATURE <i>Carl C. Casler</i> <u>446</u>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wheaton-Bowman Funeral Home</i> ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 15 1951

OCT 10 1951

OCT 12 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

James P. Hawkins

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. Iowa

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.