No. 300
10.48

FILED AUG 24 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 27299

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 286

**1. PLACE OF DEATH**
a. COUNTY: Jackson 0485
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (in this place): 6 Year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 728 N. Fuller

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence, Missouri 0485
d. STREET ADDRESS (If rural, give location): 728 N. Fuller 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Vera
b. (Middle): A.
c. (Last): Drown

**4. DATE OF DEATH** (Month) (Day) (Year): August 3, 1951

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Nov. 4, 1893
**9. AGE** (In years last birthday): 57
IF UNDER 1 YEAR: Months 8 Days 29
IF UNDER 24 HRS.: 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**:
**11. BIRTHPLACE** (State or foreign country): Indiana
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: David Anderson
**13b. MOTHER'S MAIDEN NAME**: Sarah ?
**14. NAME OF HUSBAND OR WIFE**: Harold L. Drown

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: 432-10-4833
**17. INFORMANT'S SIGNATURE OR NAME**: Harold L. Drown, Independence
ADDRESS:

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute posterior myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Thrombotic occlusion post. coronary artery

DUE TO (c) Marked coronary arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes mellitus — Chronic nephrosclerosis — Chronic myocardial fibrosis

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 4201
**20. AUTOPSY?** YES [X] NO [ ]

**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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* Pathologist, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Loraine E. Schultz (Degree or title) M. D.
**23b. ADDRESS**: Independence San. & Hosp.
**23c. DATE SIGNED**: 8-3-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Aug. 7-1951
**24c. NAME OF CEMETERY OR CREMATORY**: Rose Lawn Cem
**24d. LOCATION** (City, town, or county) (State): Fort Smith, Arkansas

DATE REC'D BY LOCAL REG.: 8-4-51
REGISTRAR'S SIGNATURE: [signature] 354
**25. FUNERAL DIRECTOR'S SIGNATURE**: Roland R. Speaks
ADDRESS: Indep. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 2 2 REC'D

OCT 1 9 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 Roland R Speak

Licensed Embalmer No. 3604

P. O. Address Independence, Missou

**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.