

REC'D OCT 29 1951

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32918  
52

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4125 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Revere</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Revere</u> <u>1230</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HIRAM</u> b. (Middle) <u>Edgar</u> c. (Last) <u>DRUSE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11, 1951</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 30 1870</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Joseph Druse</u>	13b. MOTHER'S MAIDEN NAME <u>Alida Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Minnie Druse</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Minnie B. Druse Revere</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u>		
	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 <u>4211</u>	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep 6, 1950 to Oct 11, 1951, that I last saw the deceased alive on Oct 11, 1951, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. P. McConnell MD</u>	(Degree or title)	23b. ADDRESS <u>Revere Mo.</u>	23c. DATE SIGNED <u>Oct 13 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>October 4, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Revere Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Revere, Missouri</u>
DATE REC'D BY LOCAL REG. <u>10/16-51</u>	REGISTRAR'S SIGNATURE <u>J. P. Druggs</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Seeling Bud.</u>	ADDRESS <u>Kakaha</u>

(Licensed Embalmer's Statement on Reverse Side)

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

23  
1

Date Received: OCT 23 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 10-51-18  
Date Filed: OCT 25 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 *Olis L. Sutterby*

Licensed Embalmer No. *29657*

P. O. Address *urray*

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.