

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

42173

State File No.

FILED JAN 15 1952

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4286 Registrar's No. 107

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

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Henry</u>	b. (Middle) <u>August</u>	c. (Last) <u>Drawe</u>	<u>Dec. 27, 1951</u>		(Year)
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>Jan. 6, 1872</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days 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>Quincy, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Henry Drawe</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Meirant</u>	14. NAME OF HUSBAND OR WIFE <u>Louise Drawe</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Chester Drawe</u>
		ADDRESS <u>LaGrange, Mo.,</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac decompensation</u>		
ANTECEDENT CAUSES	DUE TO (b) <u>Flacid paralysis</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>CNS to Syphilitic</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>025X</u>

22. I hereby certify that I attended the deceased from 5 Dec 1951 to 28 Dec, 1951, that I last saw the deceased alive on 27 Dec, 1951, and that death occurred at 3:45 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leslie L. Crosby, D.D.</u>	23b. ADDRESS <u>La Grange, Mo.</u>	23c. DATE SIGNED <u>29 Dec 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 30, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview</u>
		24d. LOCATION (City, town, or county) (State) <u>LaGrange, Missouri</u>

DATE REC'D BY LOCAL REG. <u>1/5/52</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Kenneth Bailey</u>	ADDRESS <u>La Grange, Mo.</u>
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(If Used Embalmers, Statement on Reverse Side)

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

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

J. Kenneth Bailey

Licensed Embalmer No. *4248*

P. O. Address *La Grange*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.