

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43723

State File No.

FILED JAN 7 1952

BIRTH NO. REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6087 Registrar's No. 51

0970

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

1. PLACE OF DEATH a. COUNTY Saline			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Saline		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Slater)		c. LENGTH OF STAY (in this place) 15 yrs	c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN Rural - Slater		0970
d. FULL NAME OF HOSPITAL OR INSTITUTION none			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) Stonewall		b. (Middle)	c. (Last) Draffen	4. DATE OF DEATH (Month) (Day) (Year) Dec. 30-1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March, 2nd '89	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 9 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm laborer		10b. KIND OF BUSINESS OR INDUSTRY no	11. BIRTHPLACE (State or foreign country) Bunceton, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Robt. Thos. Draffen		13b. MOTHER'S MAIDEN NAME Bettie Carpenter	14. NAME OF HUSBAND OR WIFE widowed		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nola Bailey, Slater--Mo.			
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) Burned to death in his house.	ANTECEDENT CAUSES				E9160
*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 (b) How the house caught fire				16
	DUE TO (c) unknown				
II. OTHER SIGNIFICANT CONDITIONS	Accidental death from house fire.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clay Saline Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec - 30, 1951 7 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? House caught fire. unknown			
22. I hereby certify that I attended the deceased from Dec 30, 1951 , to 30, 1951 , 19___, that I last saw the deceased alive on 30 , 19___, and that death occurred at 7:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) P. L. Lawless, Coroner Saline Co.			23b. ADDRESS Marshall Mo.		23c. DATE SIGNED 12-31-51
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/31/51	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows	24d. LOCATION (City, town, or county) (State) Tipton, Mo.		
DATE REC'D BY LOCAL REG. 1-2-1952	REGISTRAR'S SIGNATURE Mrs. Earl C. Metz		25. FUNERAL DIRECTOR'S SIGNATURE Hull Brothers - Slater Mo.		ADDRESS

RECEIVED JAN 5 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 5 1952 _____

2413

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 Sam M Hill

Licensed Embalmer No. 1292

P. O. Address State 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.