

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1677

FILED JAN 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin 0495</b>	
c. LENGTH OF STAY (in this place) <b>15 yrs</b>		d. STREET ADDRESS (If rural, give location). <b>502 N. WALL 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>502 N. WALL.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) <b>MABEL HOBSON DRAPER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-15-52</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>2-16-1884</b>
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. <b>67</b>		11. BIRTHPLACE (State or foreign country) <b>Joplin, Mo.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>WRITER POETRY-MUSIC</b>	
11. BIRTHPLACE (State or foreign country) <b>Joplin, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>ELBRIDGE HOBSON</b>		13b. MOTHER'S MAIDEN NAME <b>MARY QUINN-</b>	
14. NAME OF HUSBAND OR WIFE <b>W.R. DRAPER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>W.R. Draper</b>		ADDRESS <b>502 N. Wall</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Colon</b> INTERVAL BETWEEN ONSET AND DEATH <b>7</b> 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 <b>153X</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>July 19, 1951</b> , to <b>Jan. 11, 1952</b> , that I last saw the deceased alive on <b>Jan 11, 1952</b> , and that death occurred at <b>11:30P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>John W. Koehler, MD</b>		23b. ADDRESS <b>725 Travis Bldg, Joplin, Mo</b>	
23c. DATE SIGNED <b>1-17-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1/17/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>FAIRVIEW</b>		24d. LOCATION (City, town, or county) (State) <b>Joplin Mo</b>	
DATE REC'D BY LOCAL REG. <b>1-19-52</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ed S. James</b> ADDRESS <b>138 1/2 S. 13th St. Joplin, Mo</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Ed S. James</b>		ADDRESS <b>138 1/2 S. 13th St. Joplin, Mo</b>	

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

495

N. Koehler

422 Sgt

RECEIVED 1-21-52  
Jasper County Health Office

County File Number 5211/59  
Date Filed 1-22-52

JAN 22 1958

RECEIVED

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 \_\_\_\_\_

*Paul Glover*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4583

P. O. Address *Joplin, 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.