S. No. 300
v. 10.4

FILED APR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9147

BIRTH NO. ____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 28

672

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

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston
c. LENGTH OF STAY (in this place): 77 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Res. 201 Danforth St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston 0672
d. STREET ADDRESS (If rural, give location): 201 Danforth St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): J
c. (Last): Drinkwater

4. DATE OF DEATH (Month) (Day) (Year): March, 12, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Dec. 12, 1866
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Perry Co. Indiana /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Will Drinkwater
13b. MOTHER'S MAIDEN NAME: Kathryn Ryan
14. NAME OF HUSBAND OR WIFE: Grace Drinkwater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: A.J. Drinkwater Jr. Charleston, Mo.

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) Hypertensive heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION: none 443X
20. AUTOPSY? YES ☐ 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* ____, 1949, *to* Mar 12, 1952 *that I last saw the deceased alive on* Mar 12, 1952, *and that death occurred at* 2:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. Chas Rolwing MD 0
23b. ADDRESS: Charleston Mo
23c. DATE SIGNED: 3/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 3/14/52
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Charleston, Mo.

DATE REC'D BY LOCAL REG.: April 12-1952
REGISTRAR'S SIGNATURE: Mrs. Lex Kilgore 473-1
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: John F. Nunnelee Jr. The Nunnelee Funeral Chapel, Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 14 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed APR 14 1952

MAY 24 1952

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 Edward E. Nunnelee

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.