

# STANDARD CERTIFICATE OF DEATH

20254

State File No. ....

BIRTH NO. .... REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5506 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clinton Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clinton Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 miles west of Clinton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) c. (Last) <u>Drake</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 21, 1882</u>
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>4</u>	11. YEARS <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Iconium Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Carter Drake</u>	13b. MOTHER'S MAIDEN NAME <u>Angeline Wilkerson</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Dempsey Rush Drake</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>500 10 6876</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Drake</u>	ADDRESS <u>Clinton Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>2</u> 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 <u>151X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 May 1, 1952, to 6-23, 1952; that I last saw the deceased alive on 4-23, 1952, and that death occurred at 4 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Walker</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Clinton Mo.</u>	23c. DATE SIGNED <u>6-25-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6 27 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mound Valley</u>	24d. LOCATION (City, town, or county) (State) <u>St. Clair Co Missouri</u>
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DATE REC'D BY LOCAL REG <u>June-27-52</u>	REGISTRAR'S SIGNATURE <u>J. L. Walker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rich Wilkerson</u>	ADDRESS <u>Clinton</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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 R. R. Kenney

Licensed Embalmer No. 3098

P. O. Address Clinton 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.