No. 300
10-48

JUN 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20798

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 234

480
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lees Summitt
c. LENGTH OF STAY (in this place): 8 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural R. F. D. # 3 Brooking

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lees Summitt, Brooking
d. STREET ADDRESS (If rural, give location): R. F. D. # 3 Rural 0480

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): M.
c. (Last): Draper

4. DATE OF DEATH (Month) (Day) (Year): June 7 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 28-1876
9. AGE (In years last birthday): 76-1-9 — 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): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Simpson
13b. MOTHER'S MAIDEN NAME: Elizabeth Harris
14. NAME OF HUSBAND OR WIFE: William N. Draper

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: Wm. F. Draper, Lees Summitt, K.C. Mo. — ADDRESS

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary Embolism	5 min
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary Occlusion	2 hours
DUE TO (c)	Coronary insufficiency	10 yrs
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Senility	15 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
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* Jan 1, 1950, *to* June 7, 1952, *that I last saw the deceased alive on* June 7, 19 52, *and that death occurred at* 10:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: D M Eubank (Degree or title): MD
23b. ADDRESS: Raytown, Mo
23c. DATE SIGNED: 6/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 11-1952
24c. NAME OF CEMETERY OR CREMATORY: Mansfield, Cemetery
24d. LOCATION (City, town, or county) (State): Mansfield, Missouri

DATE REC'D BY LOCAL REG.: 6-11-52
REGISTRAR'S SIGNATURE: James S. Craig
25. FUNERAL DIRECTOR'S SIGNATURE: Jos. A. Butler's Sons, Kansas City 2, Kansas — ADDRESS

354-0 (Licensed Embalmer's Statement on Reverse Side)

JAN 8 1953

JUN 13 REC'D

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 Russell W Dennis

Signed.....
Student Embalmer

Licensed Embalmer No. 3462 Missouri

P. O. Address Kansas City 2, Kansas

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.