

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20847

State File No. _____

FILED JUN 26 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 273

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Joplin</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin - Oakland 1</u>	
c. LENGTH OF STAY (In this place) <u>1/2 HOUR</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1 - Oakland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Greenman Hospital</u>			

3. NAME OF DECEASED a. (First) <u>WESLEY</u> b. (Middle) <u>EMIL</u> c. (Last) <u>DRAEGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 1952</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 17, 1883</u>		9. AGE (In years last birthday) <u>69</u> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OPERATOR BEAUTY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>+ BARBER SHOPS</u>		11. BIRTHPLACE (State or foreign country) <u>ELDORA, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>ERNST DRAEGER</u>		13b. MOTHER'S MAIDEN NAME <u>AUGUSTA BLACK</u>		14. NAME OF HUSBAND OR WIFE <u>JULIA DRAEGER</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNK</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. JEAN FISHER, 2528 QUINCY</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u> ANTECEDENT CAUSES Morbidity 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.			
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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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?	
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22. I hereby certify that I attended the deceased from Wesley called and was called at I last saw the deceased Porter dead 1952 and hospital report on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>H. HAMILTON, M.D. 617 Frisco Bldg Joplin, Mo.</u>		23c. DATE SIGNED <u>6-20-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>6-21-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEWCOMER'S CREMATORY</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo. KANSAS CITY, MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>6-20-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

195
235

RECEIVED 6-24-52
Jasper County Health Office

County File Number 52/6/482

Date Filed 6-24-52

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 *F. M. Jones*.....

Licensed Embalmer No. 2319

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.