

S. No. 300
V. 10-48

FILED JUN 30 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21154

State File No.

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Hudson
c. LENGTH OF STAY (in this place) 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake View Rest Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Macon 1611
d. STREET ADDRESS (If rural, give location) 127 Goggin 0

3. NAME OF DECEASED
a. (First) Amanda b. (Middle) Louise c. (Last) DREW.

4. DATE OF DEATH (Month) (Day) (Year)
May 9 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 27 1884

9. AGE (In years) (Months) (Days) (Hours) (Min.)
last birthday 68

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Illinois 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Stevens

13b. MOTHER'S MAIDEN NAME Theresa Malliard

14. NAME OF HUSBAND OR WIFE Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME Mrs. Christine Weidman ADDRESS Bevier, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (Specify) Cerebral Vascular Accident
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:
DUE TO (b) Hypertension
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. obesity

INTERVAL BETWEEN ONSET AND DEATH
2 1/2 hrs
2 weeks
years

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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) _____

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 May 8, 1952 to May 9, 1952, that I last saw the deceased alive on May 9, 1952, and that death occurred at 1:00 AM., from the causes and on the date stated above.

23a. SIGNATURE A. L. Rusk D.D. (Degree or title)

23b. ADDRESS Macon

23c. DATE SIGNED 5/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 10, 52

24c. NAME OF CEMETERY, OR CREMATORY Keystesville

24d. LOCATION (City, town, or county) (State) Keystesville Mo.

DATE REC'D BY LOCAL REG. 6/6/52

REGISTRAR'S SIGNATURE Auth Mcneely 185

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lester Sutton Macon, Mo.

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

2610
4

RECEIVED 6-23-52
MACON COUNTY HEALTH DEPARTMENT
County File No. 16-52-103
Filed 6-25-52

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.