No. 300
10-48

FILED AUG 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28729

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No. .....

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

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Plata
c. LENGTH OF STAY (in this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: La Plata
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Plata 0610
d. STREET ADDRESS (If rural, give location): 409 N. Gex

3. NAME OF DECEASED (Type or Print)
a. (First): Pearl
b. (Middle): ✱
c. (Last): Drum

4. DATE OF DEATH (Month) (Day) (Year): July 29 1952

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 7 1892
9. AGE (In years last birthday): 59 | IF UNDER 1 YEAR: Months 10, Days 22 | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): signalmen R.R.Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Drum
13b. MOTHER'S MAIDEN NAME: Susan Karshner
14. NAME OF HUSBAND OR WIFE: Cora Drum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 720-07-7663
17. INFORMANT'S SIGNATURE OR NAME: Dorothy Saffell — ADDRESS: La Plata, 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	3 weeks
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Pylo-nephritis	2 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Cerebral hemorrhage	2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 6000
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* Feb 12, 1950, *to* July 29, 1952, *that I last saw the deceased alive on* July 28, 1952, *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph W. Gillet DO
23b. ADDRESS: La Plata Mo.
23c. DATE SIGNED: July 30, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 31-52
24c. NAME OF CEMETERY OR CREMATORY: La Plata
24d. LOCATION (City, town, or county) (State): La Plata Mo.

DATE REC'D BY LOCAL REG.: Aug 4 1952
REGISTRAR'S SIGNATURE: Mrs O B Griffin 1961
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: D.S. Christie La Plata Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MACON COUNTY HEALTH DEPARTMENT
County File No. 8.52.129
Date Filed 8.18.52

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.