

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32416**

SEP 16 1952

BIRTH NO. _____		REG. DIST. NO. <u>257</u>		PRIMARY REG. DIST. NO. <u>5881</u>		Registrar's No. <u>22</u>									
1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u>				b. COUNTY <u>GASCONADE</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (JEFFERSON TOWNSHIP)</u>				c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BLAND</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>1370</u>											
3. NAME OF DECEASED (Type or Print) <u>PAULINE DOROTHY DREWELL</u>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH <u>SEPT 6th 1952</u>			
5. SEX <u>FEMAL</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>OCT. 2 - 1877</u>			9. AGE (in years last birthday) <u>75 yrs</u>		10. UNDER 1 YEAR		11. UNDER 2 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13a. FATHER'S NAME <u>WILLIAM LANGE</u>				13b. MOTHER'S MAIDEN NAME <u>AUGUSTA LANGE</u>				14. NAME OF HUSBAND OR WIFE <u>LOUIS DREWELL (DECEASED)</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>				17. INFORMANT'S SIGNATURE OR NAME <u>MRS STELLA KRUEGER</u>				ADDRESS <u>BLAND, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <u>Bland</u>		(COUNTY) <u>MO</u>		(STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>1952</u>											
22. I hereby certify that I attended the deceased from <u>1-1</u> 19 <u>52</u> , to <u>9-6</u> , 19 <u>52</u> that I last saw the deceased alive on <u>9-1</u> , 19 <u>52</u> and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.															
23a. SIGNATURE <u>C. A. Burns M.D.</u>						23b. ADDRESS <u>Bland, Mo</u>			23c. DATE SIGNED <u>9-8-52</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 9-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EVANGELICAL AND REFORM CEMETERY</u>				24d. LOCATION (City, town, or county) <u>BLAND, MO.</u>		(State)					
DATE REC'D BY LOCAL REG. <u>SEP 10-1952</u>		REGISTRAR'S SIGNATURE <u>T. A. Donnell 235</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>SASSMAN'S FUNERAL SERVICE</u>		ADDRESS <u>BLAND,</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

760  
3

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 Chester S. Sasser

Licensed Embalmer No. 4178

P. O. Address Bland - 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.