

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

State File No. **32586**

BIRTH NO. **100175** **OCT 14 1952** REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **239**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly 0805	
d. FULL NAME OF HOSPITAL OR INSTITUTION 706 McKinley		d. STREET ADDRESS (If rural, give location) 706 McKinley	

3. NAME OF DECEASED (Type or Print) George C Drew			4. DATE OF DEATH (Month) (Day) (Year) Oct 9 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 15 1912	9. AGE (In years last birthday) 40	10. IF UNDER 1 YEAR 9 Months 27 Days
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Tinsmith		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mo	

13a. FATHER'S NAME James H Drew	13b. MOTHER'S MAIDEN NAME Rosa Mae Runyon	14. NAME OF HUSBAND OR WIFE Martha
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. C. J. Banta ADDRESS Moberly, 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, asphyxia, 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) Apparently Suffocation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Inhalation of fumes and stroke from a burning DUE TO (c) Asphyxiation that he had		
II. OTHER SIGNIFICANT CONDITIONS Upon E9100 Conditions contributing to the death but not related to the disease or condition causing death. 110			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 127	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at his home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Moberly Randolph Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 9 - 5:15 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **about 1:00**, 19**52**, to **about 1:00**, 19**52**, that I last saw the deceased alive on **10-11-52**, and that death occurred at **1:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas. E. Banta (Degree or title) Coroner	23b. ADDRESS Moberly Mo	23c. DATE SIGNED Oct. 10 - 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-11-52	24c. NAME OF CEMETERY OR CREMATORY Oakland	24d. LOCATION (City, town, or county) (State) Moberly Mo
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DATE REC'D BY LOCAL REG. 10-11-52	REGISTRAR'S SIGNATURE Seal	25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son ADDRESS Moberly, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.