

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

FILED FEB 6 1953 BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5706 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Anderson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Anderson	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) R 1 Anderson Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION R 1 Anderson Mo		e. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Josephine c. (Last) Drake			4. DATE OF DEATH (Month) (Day) (Year) Jan 9 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 16 1876
9. AGE (In years last birthday) 76		10. MONTHS 0	11. DAYS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Oronogo Mo.
12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME Bill Allen	13b. MOTHER'S MAIDEN NAME Hattie Minkler	14. NAME OF HUSBAND OR WIFE Wm C Drake
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Herbert Drake
		ADDRESS Anderson 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12/20**, 19**52**, to **1/9/53**, 19**53**, that I last saw the deceased alive on **1/9/53**, and that death occurred at **1:30 PM** from the causes and on the date stated above.

23a. SIGNATURE Ed Bush M.D.	(Degree or title)	23b. ADDRESS Anderson Missouri	23c. DATE SIGNED 1/11/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 12-1953	24c. NAME OF CEMETERY OR CREMATORY Anderson	24d. LOCATION (City, town, or county) (State) Anderson Mo

DATE REC'D BY LOCAL REG. 1-30-53	REGISTRAR'S SIGNATURE Maynard Humphreys	423	25. FUNERAL DIRECTOR'S SIGNATURE Tatum Funeral Home	ADDRESS Anderson Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Leahy Thompson

Licensed Embalmer No. 4861

P. O. Address Neosho, 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.