

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5455

State File No. _____

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MANSEFIELD</u> <u>1140</u>	
c. LENGTH OF STAY (In this place) <u>9 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u> b. (Middle) <u>Mitchell</u> c. (Last) <u>DRAPER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 10 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Jan. 18, 1895</u>		9. AGE (In years last birthday) <u>58</u>		10. IF ORDER 1 YEAR Months <u>0</u> Days <u>22</u> Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARE TAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. MAIL</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William Newton Draper</u>		13b. MOTHER'S MAIDEN NAME <u>Alice MARY SIMPSON</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes After WW I</u>		16. SOCIAL SECURITY NO. <u>722-01-6881</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maude Letsinger</u>	
				ADDRESS <u>MANSEFIELD MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of left kidney</u>		ANTECEDENT CAUSES			approx 1 yr
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			Terminal
DUE TO (b) <u>pneumonia</u>		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			180X

19a. DATE OF OPERATION <u>7-23-1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of left kidney</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 Jan 29, 1953, to Feb 10, 1953, that I last saw the deceased alive on Feb 9, 1953, and that death occurred at 3:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. F. Johnson, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Springfield, Mo.</u>	
				23c. DATE SIGNED <u>Feb 13, 1953</u>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb. 11 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PRAIRIE HOLLOW</u>	
				24d. LOCATION (City, town, or county) (State) <u>DOUGLASS COUNTY MO.</u>	

DATE REC'D BY LOCAL REG. <u>2-14-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley-Furvell-Beyman</u>	
				ADDRESS <u>Manfield Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Max J Miller*.....

Licensed Embalmer No. *4720*.....

P. O. Address *Manfield 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.