

FILED JUN 11 1953

STANDARD CERTIFICATE OF DEATH

State File No. **17315**

BIRTH NO. **28003** REG. DIST. NO. **h-3** PRIMARY REG. DIST. NO. **3A11** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) Carrollton		c. CITY (If outside corporate limits, write RURAL and give township) Brunswick	
c. LENGTH OF STAY (In this place) 3 hours		d. STREET ADDRESS (If rural, give location) 0210 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Infant Ernest Drew (Not Named) b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 4 3 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) XXXX	8. DATE OF BIRTH 4--2--1953	9. AGE (In years last birthday) _____	# UNDER 1 YEAR Months _____
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) Carrollton, Missouri		12. CITIZENSHIP OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Ernest Drew	13b. MOTHER'S MAIDEN NAME Mary Noah	14. NAME OF HUSBAND OR WIFE XXXX
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No xx		16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Ernest Drew Brunswick, Missouri. ADDRESS _____		

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Baby born viable		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 776 X
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 April, 1953, to April, 1953, that I last saw the deceased alive on April, 1953, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Carrollton, Mo.	23c. DATE SIGNED 4/3/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 3rd. 1953	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Keytesville Missouri.
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DATE REC'D BY LOCAL REG. 6-11-53	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Brunswick, Mo.
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(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.....

L. W. ...

Licensed Embalmer No. *823*

P. O. Address *Brunswick 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.