

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25680

State File No. _____

FILED AUG 11 1953

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5773 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morgan Twp		c. LENGTH OF STAY (in this place) 34 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morgan Twp.	
		d. STREET ADDRESS (If rural, give location) 061-0	

3. NAME OF DECEASED (Type or Print) a. (First) Rena	b. (Middle) Drago	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 8-6-53
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 12-28-1880	9. AGE (in years last birthday) Months Days 72	IF UNDER 1 YEAR Hours Mins. 061-0	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Tassell Co. West Virginia	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Leonard Payne	13b. MOTHER'S MAIDEN NAME Unknown	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 year or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Leonard Drago	ADDRESS Princeton, Mo
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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) Cancer Stomach		
	ANTECEDENT CAUSES DUE TO (b) ulcers Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 151X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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
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22. I hereby certify that I attended the deceased from July 1, 1952, to Aug 8, 1953, that I last saw the deceased alive on Aug 8, 1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. M. Perry, M.D.	23b. ADDRESS Princeton, MO	23c. DATE SIGNED Aug 9-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-8-53	24c. NAME OF CEMETERY OR CREMATORY Pine	24d. LOCATION (City, town, or county) (State) Mercer Co., MO
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DATE REC'D BY LOCAL REG. 8-10-53	REGISTRAR'S SIGNATURE H. M. Moss	25. FUNERAL DIRECTOR'S SIGNATURE Noel Moss	ADDRESS Princeton, Mo
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No. 300
10-48
650
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 me

Student Embalmer No. _____

working under my personal supervision.

Signed Paul Mox

Student

Student Embalmer

Licensed Embalmer No. 2634

P. O. Address Demeter M

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.