

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35050**

FILED NOV 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1160</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			c. LENGTH OF STAY (In this place) <u>60 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			<u>0117</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1023 Dewey Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>1023 Dewey Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Drummond</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 8 - 1953</u>
5. SEX <u>0</u> <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married 0</u>	8. DATE OF BIRTH <u>April 28-1889</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electrical work</u>		11. BIRTHPLACE (State or foreign country) <u>Trenton, Missouri 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Washington Drummond</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda E. Sholley</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME City, ADDRESS <u>Mrs. Tom J. Hall, 616 Mt. Mora Road,</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Chronic Attacks of Indigestion (unknown)</u> DUE TO (c) <u>With Pains in his Chest</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>man died suddenly while alone in his room. He was</u> <u>subject to attacks of acute indigestion and chest pain</u> 4201						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>subject to attacks of acute indigestion and chest pain</u>						
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 <u>born on 11/8, 1953</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D. (Coroner)</u>			23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>11/9/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>(Burial)</u>	24b. DATE <u>Nov. 11-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Nov. 10, 1953</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		485	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meierhoffer-Silversmyer Inc. St. Joseph, 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 _____

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Missouri

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.