

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

41851

State File No. 52

FILED DEC. 8 1953

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4513 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SULLIVAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MILAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boynton</u> 1050 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SULLIVAN COUNTY MEMORIAL</u>		d. STREET ADDRESS (If rural, give location) <u>HOSP No street address</u>	

3. NAME OF DECEASED (Type or Print) <u>BERTIE Eernice DRURY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 28 1953</u>		
a. (First)	b. (Middle)		c. (Last)	Month	Day

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 26, 1873</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>2</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm home</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Samuel Grey</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Kelley</u>	14. NAME OF HUSBAND OR WIFE <u>James Drury</u>
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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>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS: <u>Willard Drury, Brashear, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca 1st breast - metastasis of benign skin melaninoma, lobular drasin</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u>Chronic 2 gland of face</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>See hsc above. 170X</u>			

19a. DATE OF OPERATION <u>1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hospital Columbia, Mo. See Record from Ellis Fisher</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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Chronic disease</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>See 18 above.</u>
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22. I hereby certify that I attended the deceased from 10/70, 1952, to 11/28, 1953, that I last saw the deceased alive on 4/27, 1953, and that death occurred at 1220 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph Magill, M.D.</u>	23b. ADDRESS <u>Milan, Mo</u>	23c. DATE SIGNED <u>11/28/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 30, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holiday Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sullivan Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 3-1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blenn E. Kent & Son, Green City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48
50
0

MAR 9 1954

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

Karl R. Kent

Licensed Embalmer No. *4689*

P. O. Address *Green City, 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.