

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4029

State File No.

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 246

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

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>Jackson</u>					
b. CITY OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>1y-8m-9d</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>State Hospital #2</u>				e. STREET ADDRESS (If rural, give location) <u>3230 East 11th St.</u> <u>3189</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u>		b. (Middle) <u>EDWIN</u>		c. (Last) <u>DRAKES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 25, 1954</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>April 23, 1883</u>			
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>10</u>		11. DAYS <u>2</u>		IF UNDER 1 YEAR Hours Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Express Man</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Thomas Drakes</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Drake</u>			14. NAME OF HUSBAND OR WIFE <u>Beatrice Drakes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>714-05-7437</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George F. Drakes</u>			ADDRESS <u>1305 Brushcreek Blvd.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis & Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Cerebral Arterio sclerosis with</u>				KANSAS CITY, MO. INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>Psychosis</u> <u>4201</u>					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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			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 <u>Jan 1</u> , 19 <u>54</u> , to <u>Feb 25</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Feb 25</u> , 19 <u>54</u> , and that death occurred at <u>9:40P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Forrest Thomas M.D.</u>				23b. ADDRESS <u>State Hospital #2, City</u>			23c. DATE SIGNED <u>2-25-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 1, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kans.</u>			
DATE REC'D BY LOCAL REG. <u>Mar 8, 1954</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>485-0</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>The Nugent Funeral Home, 1900 Central Ave. Kansas City, Kans.</u>				

NOV 4 1957
SEP 5 1957
JUL 28 1955

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, ~~only~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert Emmet Nugent*

Licensed Embalmer No. *3491*
P. O. Address *1900 Central*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.