

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11242

State File No. _____
Registrar's No. 388

FILED APR 19 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Lifetime		e. STREET ADDRESS (If rural, give location) 910 S. 24th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Heleen	
		c. (Last) Drake	
		4. DATE OF DEATH April 9, 1954.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 11, 1900
		9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months _____ Days _____
		IF UNDER 18 Hrs. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri.
			12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Speaker		13b. MOTHER'S MAIDEN NAME Grace Garreth	14. NAME OF HUSBAND OR WIFE Albert L. Drake
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Albert L. Drake ADDRESS St. Joseph, Mo.
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) Cor. dis. - vascular - cerebral disease INTERVAL BETWEEN ONSET AND DEATH 3 1/4 yrs. ANTECEDENT CAUSES disease DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS arteriosclerosis for Hypertension Conditions contributing to the death but not related to the disease or condition causing death.	
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)	
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 3/11 , 19 54 , to 4/9 , 19 54 , that I last saw the deceased alive on 4/9 , 19 54 , and that death occurred at 11:45A m., from the causes and on the date stated above.			
23a. SIGNATURE Frank W. Handegard, M.D. (Degree or title)		23b. ADDRESS 670 Duncan St., City	23c. DATE SIGNED 4/12/54.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 12, 1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
DATE REC'D BY LOCAL REG. Apr. 15, 1954	REGISTRAR'S SIGNATURE Kathleen M. Allison 485	25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer-Filman, Inc. ADDRESS St. Joseph, Mo	

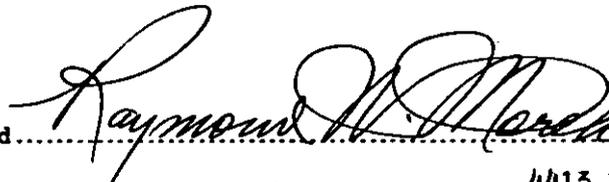
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by^{***}.....^{****}....., Student Embalmer No.....^{*****}
working under my personal supervision..

Student.....^{***}.....^{****}.....
Signature of Student Embalmer

Signed..........

Licensed Embalmer No.....4413.....

P. O. Address.....St. Joseph.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.