

STANDARD CERTIFICATE OF DEATH

State File No. 21745

21745

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>4482</u>		Registrar's No. <u>29</u>			
1. PLACE OF DEATH a. COUNTY <u>Scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Memphis</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Memphis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION:				e. STREET ADDRESS (If rural, give location) <u>0990</u> <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Drummond</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 14 1954</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 9, 1881</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>house-wife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Chas. Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Rosmberger</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur Drummond</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>189-26-9128</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Drummond</u> ADDRESS <u>Memphis, Missouri</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 Minutes</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				<u>7 yrs</u>			
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis</u>							
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		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>June 14, 1954</u> , to <u>June 14, 1954</u> , that I last saw the deceased alive on <u>June 14, 1954</u> , and that death occurred at <u>2:30 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H.M. Meethler D.O.</u>				23b. ADDRESS <u>Memphis, Mo.</u>		23c. DATE SIGNED <u>6-16-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 16, 1954</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Lawn Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Scotland County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6/18/54</u>		REGISTRAR'S SIGNATURE <u>Vera G. Turner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Drummond</u>		ADDRESS <u>Memphis, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0990

JUN 4

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.....
Signature of Student Embalmer

Signed.....
Paul Smith

Licensed Embalmer No. *4358*

P. O. Address..... *Memphis*

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.