

FILED JUL 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22444**
Registrar's No. **2907**

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|---|--|---|--|--|--|---|---|---|--|
| BIRTH NO. | | REG. DIST. NO. 393 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. 2907 | | | |
| 1. PLACE OF DEATH a. COUNTY CLAY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DEKALB | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN KANSAS CITY, NORTH) | | c. LENGTH OF STAY (in this place) 1, Day | | c. CITY OR TOWN MAYSVILLE, MO | | 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 Home of son 1128 North Virginia | | | | e. STREET ADDRESS (If rural, give location) 0320 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MINNIE | | | b. (Middle) MAUDE | | c. (Last) DRAPER | | 4. DATE OF DEATH (Month) (Day) (Year) JUNE 26, 1954 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | | 8. DATE OF BIRTH April 3, 1890 | | 9. AGE (In years last birthday) 64 If UNDER 1 YEAR Months Days If UNDER 24 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 | | 11. BIRTHPLACE (City and State or Foreign Country) Santa Rosa, Missouri | | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME LUTHER TEETER | | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | | 14. NAME OF HUSBAND OR WIFE Harry Draper (Deceased 1953) | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS SAM GAUCHER, 413 West 14th, K.C. MO. HA. 2990 | | | | |
| 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) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 33 1/2 | |
| 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) m. | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE O. S. Pate (Degree or title) D. Coroner | | | | 23b. ADDRESS North Kansas City, Mo. | | | 23c. DATE SIGNED 6/26/54 | | |
| 24a. BURIAL CREMATION REMOVAL (Specify) BURIAL | | 24b. DATE 6-27-54 | | 24c. NAME OF CEMETERY OR CREMATORY SCHAMBAUGH CEMETERY | | 24d. LOCATION (City, town, or county) (State) WEATHERBY, MISSOURI | | | |
| DATE REC'D BY LOCAL REG. 6-27-54 | | REGISTRAR'S SIGNATURE Geraldine Smith | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. NEWCOMER, S. NORTH KANSAS CITY, 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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John Kalsbeek*.....

Licensed Embalmer No. *494*

P. O. Address *No. Kansas*

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.