

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

8021

State File No.

FILED APR 4 1955

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Nevada</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nevada</u>			
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (If this place) <u>2 & 2</u>		c. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>West Plains</u> 0461			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dask Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>321 E. Cleveland</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis G.</u> b. (Middle) <u>Drummeyer</u> c. (Last) <u>W</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-17-1955</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) <u>W</u>		8. DATE OF BIRTH <u>5-10-1876</u>	
9. AGE (In years last birthday) <u>78</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. Drummeyer</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Turnbull</u>		14. NAME OF HUSBAND OR WIFE <u>Earl Drummeyer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Earl Drummeyer</u> ADDRESS <u>Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12-15</u>			
ANTECEDENT CAUSES DUE TO (b) <u>Cardio-Vascular Accident</u>							
DUE TO (c) <u>Myocarditis & Hypertension</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death (not related to the disease or condition causing death) <u>Prosinoma - Ear</u>						<u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X H</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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>9 Mar, 1955</u> to <u>17 Mar, 1955</u> , that I last saw the deceased alive on <u>16 Mar, 1955</u> , and that death occurred at <u>3:25</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>MAR 23 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B-21-55</u>		24b. DATE <u>17-3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-1-55</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Valerious West Plains Mo</u>		ADDRESS <u>Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 2 1956

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

H. D. Roberts

Licensed Embalmer No. *3437*

P. O. Address *West Plains*

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.