

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8184**
Registrar's No. **918**BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city as incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>25 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>1129 Highland</u>	<u>3148</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>General Hosp #2</u>		3. NAME OF DECEASED a. (First) <u>WILLIE</u> b. (Middle) <u>(WILLIAM)</u> c. (Last) <u>DRAUGHN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 25, 1955</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec. 5, 1896</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>58</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bell Hop</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sherman Hotel</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Waxahachie, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ephraim Draughn</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Kimball</u>	
14. NAME OF HUSBAND OR WIFE <u>Lula Draughn</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or (a), or (b), or (c)) <u>Yes</u> <u>W.W.I</u>	
16. SOCIAL SECURITY NO. <u>496-09-9605</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Willie Draughn, Jr., 1026 Woodland</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>Cardiac Hg hypertrophy c</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Dilatation.</u> DUE TO (c) <u>Coronary Arteriosclerosis</u> <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Pulmonary Edema & congestion</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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)		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 <u>Deputy Coroner</u> (Name or title) <u>M.D.</u>		23b. ADDRESS <u>1618 Lydia Ave</u>	
23c. DATE SIGNED <u>2/28/55</u>			
24a. BURIAL CREMATION (REMOVAL) <u>Burial</u>		24b. DATE <u>3/1/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Ft. Leavenworth Natl. Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Leavenworth, Kansas</u>	
DATE REC'D BY LOCAL REG <u>3-1-55</u>		REGISTRAR'S SIGNATURE <u>W. M. Marshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Sterling Bills</u>		ADDRESS <u>1212 Vine</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. M. TILLMAN

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 *E. Herwig Pills*

Licensed Embalmer No. 312

P. O. Address 1212 P.
K.C.

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