

FILED JUN 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14628**BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **141**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give town) Columbia		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN Fulton
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital		f. STREET ADDRESS (If rural, give location) Route 5	
3. NAME OF DECEASED a. (First) HARRY b. (Middle) THEODORE c. (Last) DRAKE		4. DATE OF DEATH (Month) (Day) (Year) June 5, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 29, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 70
11. BIRTHPLACE (City and State or Foreign Country) Cincinnati, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Warren Drake		13b. MOTHER'S MAIDEN NAME Martha	
14. NAME OF HUSBAND OR WIFE Rose Tucker Drake		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. 511-05-5923		17. INFORMANT'S SIGNATURE OR NAME Louise Drake ADDRESS 121 Westwood, Columbia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus 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 checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from 2-11, 1951 , to 6-5, 1955 , that I last saw the deceased alive on 6-5, 1955 and that death occurred at 4:00 Am. , from the causes and on the date stated above.	
23a. SIGNATURE R P Sadewon MD (Degree or title)		23b. ADDRESS Columbia, Mo.	
23c. DATE SIGNED 6-6-55		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE June 6, 1955		24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	
24d. LOCATION (City, town, or county) (State) Lamar, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Garner Funeral Service Columbia Mo ADDRESS _____	
DATE REC'D BY LOCAL REG. June 6 1955		REGISTRAR'S SIGNATURE Mrs. R E Palmer 31-0	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 29 1957

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.....
Licensed Embalmer No. 48

P. O. Address.....

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.