

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18271

State File No.

FILED JUN 20 1955

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>520</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Bolivar</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 <u>MARK OSTEOPATHIC HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>0841</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>John</u> c. (Last) <u>Dreasher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 17, 1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 4 1887</u>	
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>13</u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Olpa, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Lawrence Dreasher</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Dogwood</u>			14. NAME OF HUSBAND OR WIFE <u>Tillie Drewes Dreasher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Roy Lowry, Kansas City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Post, surgical and anesthetic shock</u> DUE TO (c) <u>Superpubic P#ostatectomy</u> II. OTHER SIGNIFICANT CONDITIONS <u>Moderate degree of uremia.</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>6/16/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Prostatic Hypertrophy. 6/10 X</u>				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)		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>6/7/55</u> , 19 <u> </u> to <u>6/17/55</u> , 19 <u> </u> , that I last saw the deceased alive on <u>6/16/55</u> , 19 <u> </u> , and that death occurred at <u>6:50 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edith Williams</u>				23b. ADDRESS <u>P.O. 700 E. Sunshine, Springfield</u>		23c. DATE SIGNED <u>6/17/55</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/19/55</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Topeka, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>6/17/55</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Trud C. V. Green, Springfield, Missouri</u>		

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 *Ralph H. H. H.*.....

Licensed Embalmer No. *364*.....

P. O. Address *Franklin*.....

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.