

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37158**

BIRTH NO. _____		REG. DIST. NO. <b>150</b>		PRIMARY REG. DIST. NO. <b>5572</b> Registrar's No. <b>190</b>		
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Prairie</b>		c. LENGTH OF STAY (in this place) <b>1 yr 5m</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		d. STREET ADDRESS (If rural, give location) <b>Jackson Co. Home for Aged</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson County Hospital</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>Minnie</b> b. (Middle) <b>Lee</b> c. (Last) <b>Drummond</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 16 1955</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>May 27, 1876</b>		9. AGE (In years last birthday) <b>79</b> 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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self Employed</b>	11. BIRTHPLACE (State or foreign country) <b>Jackson County, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>FRANK JANUARY</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>Chas. W. DRUMMOND</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. MARCELLA RIDER K.C. Mo</b>			
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) <b>Cerebral thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>ARTERIOSCLEROSIS</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>332X</b>			INTERVAL BETWEEN ONSET AND DEATH
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) (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 <b>5-9-</b> , 19 <b>53</b> , to <b>11-15-</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>11-15-</b> , 19 <b>55</b> , and that death occurred at <b>5:30</b> a.m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <b>David W. Norman M.D.</b>			23b. ADDRESS <b>Jackson County, Mo</b>		23c. DATE SIGNED <b>11-16-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11/19/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Salem Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Rural JACKSON Mo.</b>			
DATE REC'D BY LOCAL REG. <b>11-17-55</b>		REGISTRAR'S SIGNATURE <b>D.B. Langford</b> 483		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geo. C. Carson, Indep., Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

**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.....

*J. H. Gibson*

Licensed Embalmer No. ....

*4871*

P. O. Address.....

*Indep., Mo.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.