

FILED JAN 9 1956

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40165

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>5439</u>		Registrar's No. <u>40</u>	
<b>1. PLACE OF DEATH</b> a. COUNTY <u>Gasconade</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Canaan Twp.</u> c. LENGTH OF STAY (in this place) <u>8 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm Home</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> c. CITY OR TOWN <u>Owensville</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>near Owensville</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Charlotte</u> b. (Middle) <u>Katherine</u> c. (Last) <u>Drewell</u>				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec. 30, 1955</u>			
<b>5. SEX</b> <u>female</u>		<b>6. COLOR OR RACE</b> <u>white</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>single</u>		<b>8. DATE OF BIRTH</b> <u>11-15-1868</u>	
<b>9. AGE</b> (In years last birthday) <u>87</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>housekeeping</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Woollam, Mo.</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>							
<b>13a. FATHER'S NAME</b> <u>Christ Drewell</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Louise Stoepelmann</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>none</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Fred Niewald</u> <b>ADDRESS</b> <u>Owensville, Mo.</u>			
<b>18. CAUSE OF DEATH</b> 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.  <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Thrombosis</u>  <b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Generalized Atherosclerosis</u>  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 days</u>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b>		<b>(COUNTY)</b> <b>(STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Minute) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>12-20, 1955</u> , <b>to</b> <u>12-30, 1955</u> <b>that I last saw the deceased alive on</b> <u>12-29, 1955</u> <b>and that death occurred at</b> <u>1:30 p.m.</u> , <b>from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> (Degree or title) <u>Charles L. Smith, M.D.</u>				<b>23b. ADDRESS</b> <u>General Mr.</u>		<b>23c. DATE SIGNED</b> <u>12-2-56</u>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>burial</u>		<b>24b. DATE</b> <u>1-2-1956</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Immanuel Presbyterian</u>		<b>24d. LOCATION (City, town, or county)</b> <u>near Drake, Mo.</u> <b>(State)</b>	
<b>DATE REC'D BY LOCAL REG.</b> <u>January 3, 1956</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Mrs. Marvin Jappmeyer</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Michael H. H. Winter</u> <b>ADDRESS</b> <u>OWENSVILLE</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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. 38

P. O. Address OWENSVILLE

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.