

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41452

State File No.

FILED DEC 28 1955

No. 300
10.48

07320

WRITE PLAINLY—USING UNFADING BLACK INK MAKE A PERMANENT RECORD

| | | | | |
|---|-------------------------|--|--|---|
| BIRTH NO. | | REG. DIST. NO. 248 | PRIMARY REG. DIST. NO. 4369 | Registrar's No. |
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | |
| a. COUNTY Newton | | a. STATE Oklahoma | | b. COUNTY Deleware |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seneca | | c. CITY OR TOWN Southwest City, Mo. RR#2 | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d: FULL NAME OF HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) 5 Miles So. East So. West City, Mo | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | |
| a. (First) Charles Junior Drake | | | b. (Middle) ... | |
| c. (Last) ... | | | Dec. 13, 1955 | |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | 8. DATE OF BIRTH |
| Male | White | Never Mar. | | June 10, 1937 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 9. AGE (In years last birthday) 18- |
| School Boy in Jay, Okla. High School | | Deleware Co., Okla. | | 6 Months 3 Days |
| 11. BIRTHPLACE (City and State or Foreign Country) | | | 12. CITIZEN OF WHAT COUNTRY? | |
| Deleware Co., Okla. | | | USA | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | | 14. NAME OF HUSBAND OR WIFE |
| Mark Drake | | Edith Hubbard | | None |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME |
| No. | | No. | | Mark Drake RR#2 So. West City, Mo. |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death in Auto Accident | | INTERVAL BETWEEN ONSET AND DEATH 5m and 5d | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | II: OTHER SIGNIFICANT CONDITIONS | | |
| 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"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) S/E of Seneca | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Newton, Mo. |
| 21d. TIME OF INJURY (Month) (Day) (Year) Dec. 13, 55 8:15 P.M. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Lost control of truck which turned over and burned |
| 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 8:15 Pm., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <i>Neosha</i> | | 23b. ADDRESS 307 E. Main St. Neosha, Mo. | | 23c. DATE SIGNED 12/15/55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12/15/55 | | 24c. NAME OF CEMETERY, OR CREMATORY So. West City Cemetery, So. West City, Mo. |
| DATE REC'D BY LOCAL REG. 12-16-55 | | REGISTRAR'S SIGNATURE <i>Mrs. Steve Russell</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE Address Middlecomb Funeral Home Seneca, Mo. Worley Funeral Home Grove, Oklahoma |

NEW YORK

DECEMBER 1919

MISSOURI

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.....

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.