

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41640

State File No.

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 5999 Registrar's No.

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|---|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Ralls,</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Center Township</u> | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN <u>Center, Mo R.F.D.</u> | 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 <u>R.F.D.Center, Mo.</u> | | | |
| e. STREET ADDRESS <u>Center Township</u> | | 28170 | |

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|-------------------------------------|-------------|--------------------------|---------------------|-----------------|---------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>Stella</u> | b. (Middle) | c. (Last) <u>Draper.</u> | (Month) <u>Sept</u> | (Day) <u>8,</u> | (Year) <u>1955.</u> |

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|----------------------|-------------------------------|---|--------------------------------------|---|--|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Jan 28, 1830</u> | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u> | IF UNDER 24 HRS. Hours <u></u> Mins. <u></u> |
|----------------------|-------------------------------|---|--------------------------------------|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home Work</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Deaton Co, Iowa.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Jefferson Kizzere</u> | 13b. MOTHER'S MAIDEN NAME <u>Catherine Hamilton</u> | 14. NAME OF HUSBAND OR WIFE <u>John A. Draper.</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Eva Egbert</u> ADDRESS <u>Center, Mo.</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis, acute</u> | ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | DUE TO (b) <u>hypertensive cardiovascular disease</u> | 5 yrs |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | DUE TO (c) | 4201 | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 9-3-55, 1955, to 9-8-55, 1955, that I last saw the deceased alive on 9-8-55, 1955, and that death occurred at 5:20 Am., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>F. E. Sultzman M.D.</u> (Degree or title) | 23b. ADDRESS <u>Center, Missouri</u> | 23c. DATE SIGNED <u>9-10-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9-11-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery,</u> | 24d. LOCATION (City, town, or county) (State) <u>Ralls County, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>9/24/55</u> | REGISTRAR'S SIGNATURE <u>Clyde L. Wilbey</u> 267 | 25 FUNERAL DIRECTOR'S SIGNATURE <u>Clyde L. Wilbey</u> ADDRESS <u>Perry, Mo.</u> |
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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 *Clyde C. Perry*

Licensed Embalmer No...3820

P. O. Address..... Perry, M

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.