

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

No. 300
10.48

FILED JUL 2 1956

State File No. **21546**

BIRTH NO. _____ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **6005** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Ralls		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY OR TOWN Salt River		c. CITY OR TOWN Hannibal	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 1224 Colfax	
d. FULL NAME OF HOSPITAL OR INSTITUTION Spencer Township			

3. NAME OF DECEASED (Type or Print) Kenneth E. Drew			4. DATE OF DEATH (Month) (Day) (Year) 6-6-56		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 2/15/1939	9. AGE (In years last birthday) 17	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Hannibal, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Aubrey L. Drew	13b. MOTHER'S MAIDEN NAME Viola Oliver	14. NAME OF HUSBAND OR WIFE -
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Viola Golian, 1224 Colfax	ADDRESS 1224 Colfax
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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 Hannibal, Mo.		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidentally Drowned		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) while swimming DUE TO (c) in Salt River		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9298			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 42	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Salt River	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Spencer Township, Ralls Co., Mo.	21c. (CITY, TOWN, OR TOWNSHIP) 0871 (COUNTY) (STATE) Spencer Township, Ralls Co., Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 6, 1956 2:00 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? while swimming
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22. I hereby certify that I attended the deceased from no medical attention, 19___, that I just saw the deceased alive on ____, 19___, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clyde C. Wisbey, Coroner	23b. ADDRESS Ferry, Mo. Ralls Co.	23c. DATE SIGNED 6/8/1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/11/56	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal, Missouri
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DATE REC'D BY LOCAL REG. 6/11/1956	REGISTRAR'S SIGNATURE Clyde C. Wisbey	25. FUNERAL DIRECTOR'S SIGNATURE J. M. McConnell	ADDRESS Hannibal, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

267

JUL 2 1950

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..... *J. M. O'Donnell*

Licensed Embalmer No... 3889

P. O. Address... Hannibal, Mo.

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.