

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23364

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 679-B

1. PLACE OF DEATH a. COUNTY G reene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield 0396		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hosp.			Length of stay in lb 5 days		d. STREET (If outside, give location) ADDRESS Eg ans Rest Home		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Leslie Middle Binford Last Draper				4. DATE OF DEATH Month 7 Day 23 Year 1956										
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 24, 1867		9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months Days Hours Min		IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and state or country) Bristol, New Hampshire				12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Alva M. Draper						14. MOTHER'S MAIDEN NAME Roselle Pike								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk				16. SOCIAL SECURITY NO. unk		17. INFORMANT Address Alvah L. Draper Rededa, Calif.								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive Heart Failure DUE TO (c) Arteriosclerotic Heart Dis										INTERVAL BETWEEN ONSET AND DEATH 4 days 1 yr 20 yrs				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT-RELATED-TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)											
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.														
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE		
21. I attended the deceased from July 18, '56 to 7-23-56 and last saw him alive on July 23 '56 Death occurred at 8:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE (Degree or title) David H. Hall, M.D.						22b. ADDRESS 50 National, Springfield, Mo.				22c. DATE SIGNED 8/1/56				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7-25-1956		23c. NAME OF CEMETERY OR CREMATORY Fairgreen Cem.				23d. LOCATION (City, town, or county) (State) Republic Missouri						
24. FUNERAL DIRECTOR Cantrell Fossett				ADDRESS Republic, Mo.		25. DATE RECD. BY LOCAL REG. 8-3-56		26. REGISTRAR'S SIGNATURE Edith Williamson						

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

0056

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..... *William B. Lamb*

Licensed Embalmer No..... *48*

P. O. Address..... *Peper*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.