FILED APR 5 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 8403

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cullers Hosp. — Length of stay in 1b 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY Grundy
c. CITY OR TOWN Trenton 04020 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1022 Custer — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Glen Middle: C Last: Drinkard
4. DATE OF DEATH Month: MAY Day: 19 Year: 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Oct 11, 1889
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Judge
10b. KIND OF BUSINESS OR INDUSTRY: Police
11. BIRTHPLACE (City and state or country): Trenton Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Drinkard
14. MOTHER'S MAIDEN NAME: Lavina Conger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 708-14-1434
17. INFORMANT: Mrs. Bessie Drinkard — Address: Trenton Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio sclerotic Heart Disease — 9 yrs
DUE TO (c)
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 ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY. Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1949, to 3-19-1957 and last saw her/him alive on 3-20-57
Death occurred at 9:45 PM m on the date stated above and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): [signature]
22b. ADDRESS: Trenton Mo
22c. DATE SIGNED: 3-20-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/22/1957
23c. NAME OF CEMETERY OR CREMATORY: Masonic Cem
23d. LOCATION (City, town, or county) (State): Trenton, Mo.
24. FUNERAL DIRECTOR: J. Gordon Blackmore — ADDRESS: Trenton MO
25. DATE RECD. BY LOCAL REG.: 3-20-57
26. REGISTRAR'S SIGNATURE: Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, or medical examiner must use only standard nomenclature in describing the symptoms, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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APR 5 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Claude H. Crandall

Licensed Embalmer No. 49

P. O. Address Hinton,

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.