

FILED MAY 13 1957

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 12501

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 153

Health,  
Welfare  
Public  
Service300  
1-56

All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Jefferson City, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital Length of stay in lb				d. STREET ADDRESS (If outside, give location) 1045 E. Mc Carty Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Russell Lee Drew				4. DATE OF DEATH Month Day Year May 4, 1957			
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 Oct. 10, 1914	
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months 6 Days 24		IF UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) vending Machine Opera or				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Keokuk, Mo.	
13. FATHER'S NAME Frank Drew				14. MOTHER'S MAIDEN NAME Maud Nix			
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. 496-10-5160		17. INFORMANT Mrs Russell Drew J. C. Mo. Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinomatosis</i> DUE TO (b) <i>Carcinoma of the stomach (limitis plastica)</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 8 mo. 9 mo.	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			151X				
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 10-24-56 to 5-4-57 and last saw <sup>free</sup> him alive on 5-3-57 Death occurred at 5:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert H. Panner, M.D. (Degree or title)				22b. ADDRESS Jefferson City, Mo		22c. DATE SIGNED 5-7-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/8/57		23c. NAME OF CEMETERY OR CREMATORY Resurrection		23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
24. FUNERAL DIRECTOR Sylvester Dulle ADDRESS J. C. Mo.			25. DATE RECD. BY LOCAL REG. 8 May 1957		26. REGISTRAR'S SIGNATURE R. P. Davis, MD - DR.		

(Licensed Embalmer's Statement of Reverse Side)

68-0

YS AUG 17 1959

DEC 1 1957  
APR 8 1958  
MAY 29 1957

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 \_\_\_\_\_  
*Sylvester D. Circle*

Licensed Embalmer No. 437

P. O. Address \_\_\_\_\_  
*Jefferson Co*

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.