

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 10 1957

State File No. **20472**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **232**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Tipton, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2680</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lelia</b> b. (Middle) <b>Mal</b> c. (Last) <b>Drake</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 7, 1957</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>December 11-1899</b>		9. AGE (In years last birthday) <b>58</b>		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>Tipton, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Wade E. Newkirk</b>		13b. MOTHER'S MAIDEN NAME <b>Agnes Boggs</b>		14. NAME OF HUSBAND OR WIFE <b>Byron Drake</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Betty Jane Knipp - Tipton Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Breast</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture right femur</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years.</b>  <b>170X F</b>  <b>23 days.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Tipton Monroe Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 14, 1957 11:00 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Patient Fell Accidentally.</b>	

22. I hereby certify that I attended the deceased from **6/14**, 19**57**, to **7/7**, 19**57**, that I last saw the deceased alive on **7/6**, 19**57**, and that death occurred at **3:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Fred O. Luten M.D.</b> (Degree or title)		23b. ADDRESS <b>213 Jefferson City, Mo.</b>		23c. DATE SIGNED <b>7/7/57</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>July 9-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Tipton, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>7 July 1957</b>		REGISTRAR'S SIGNATURE <b>R. P. Dorris, M.D.-M.R.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Concord Funeral Home - Richard D. Conn Tipton, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 28 1958

JUL 23 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 \_\_\_\_\_  
Student Embalmer

Signed

*Richard D. Conn*

Licensed Embalmer No. 4703

P. O. Address Lipton, 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 this body is not embalmed, fact should be so stated above.