

Health,
Welfare
Public
Service

FILED SEP 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31817

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4061

300
-57

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) ST. JOSEPH HOSPITAL		Length of stay in 1b 75 YEARS	d. STREET ADDRESS (If outside, give location) 3324 MONTGALL AVENUE		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROSALIND Middle CAROLINA Last DRUMHELER			4. DATE OF DEATH Month AUGUST Day 27 Year 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 22, 1875	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		10b. KIND OF BUSINESS OR INDUSTRY AMATEUR	11. BIRTHPLACE (City and state or country) BELLAIR OHIO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JACOB BRAUN		13b. MOTHER'S MAIDEN NAME CAROLINA JUNG		14. NAME OF HUSBAND OR WIFE THOMAS D. DRUMHELER	
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 Address MRS. BERTHA B. LANCASTER PLEASANT HILL MO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Perforation of Stomach Wall Bladder Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Metastatic Liver DUE TO (c) Senility 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 1552
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 8-6-57 to 8-26-57 and last saw her alive on 8-26-57 Death occurred at 3:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Chas C. Montgomery M.D.			22b. ADDRESS 306 E 12 16. C. MO		22c. DATE SIGNED 8-28-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL AUG. 31-1957		23b. DATE MT. MORIAH CEMETERY		23c. NAME OF CEMETERY OR CREMATORY KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S SONS, KANSAS CITY, MISSOURI			25. DATE RECD. BY LOCAL REG. 8-31-57	26. REGISTRAR'S SIGNATURE new Marshall	

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Charles C. Montgomery USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



JUN 5 1962

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 *Vern Lawler*

Licensed Embalmer No. *4915*
P. O. Address *47 E 32 St, NYC, NY*

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.