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FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1221

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp. — Length of stay in Hospital 54 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 3660 Jefferson (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Joseph Middle Elsworth Last Drew

4. DATE OF DEATH Month Jan. Day 6 Year 1958

5. SEX Male

6. COLOR OR RACE Cauc.

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH Aug. 24, 1898

9. AGE (In years last birthday) 59 — 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) Steel Co. Employee

10b. KIND OF BUSINESS OR INDUSTRY Steel Products.

11. BIRTHPLACE (City and state or country) Pittsburg, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Patrick Drew

13b. MOTHER'S MAIDEN NAME Jane Elsworth

14. NAME OF HUSBAND OR WIFE Jean Myrtle Drew

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY NO. 489-03-5000

17. INFORMANT Miss Rose Drew — Address 214 Brushcreek

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bullet Wound Head
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
E976X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [X] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Apparently Self Inflicted

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 1-6-58

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Car

20f. CITY, TOWN, OR LOCATION Kansas City **COUNTY** Jackson **STATE** Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh H Owens (Degree or title) Coroner 3 — **22b. ADDRESS** 1034 Realty Bldg — **22c. DATE SIGNED** 1-7-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **23b. DATE** Jan. 8. 1958 — **23c. NAME OF CEMETERY OR CREMATORY** St. Marys Cemetery — **23d. LOCATION** (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR Muehlebach — **ADDRESS** 6500 Troost — **25. DATE RECD. BY LOCAL REG.** 1-7-58 — **26. REGISTRAR'S SIGNATURE** Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Hugh H. Owens

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 R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.