No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-004502

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 215

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 602 Green Street

3. NAME OF DECEASED (Type or Print)
a. (First): RAYMOND
b. (Middle): WESLEY
c. (Last): DREHER, SR.

4. DATE OF DEATH (Month) (Day) (Year): February 26, 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 29, 1896
9. AGE (In years last birthday): 61
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): Auto Mechanic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Holt County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Bert Dreher
13b. MOTHER'S MAIDEN NAME: Lula Nash
14. NAME OF HUSBAND OR WIFE: Bertha Helen Dreher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.: 500-36-1293
17. INFORMANT'S SIGNATURE OR NAME: Mrs. R.W. Dreher
ADDRESS: 602 Green St., St. Joseph Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) MULTIPLE MYELOMA — 5 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 203X

19a. DATE OF OPERATION: 10-4-57
19b. MAJOR FINDINGS OF OPERATION: Pathological fractures rt humerus and rt. femur.
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-13, 1953, *to* 2-26, 1958, *that I last saw the deceased alive on* 2-25, 1958, *and that death occurred at* 1 03 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: John R. McDaniel (Degree or title): MD
23b. ADDRESS: 902 Edmond St; St Joseph Mo.
23c. DATE SIGNED: 2/27/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/2/58
24c. NAME OF CEMETERY OR CREMATORY: Oregon Cemetery
24d. LOCATION (City, town, or county) (State): Oregon, Missouri

DATE REC'D BY LOCAL REG.: Mar. 4, 1958
REGISTRAR'S SIGNATURE: Mrs. Clarke Goodell
25. FUNERAL DIRECTOR'S SIGNATURE: James N Pettijohn
ADDRESS: Oregon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 11 1958

MAR 14 1958

MAR 5 1959

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James H. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.