

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011168
STATE FILE NUMBER

FILED APR 4 1958

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 578

1. PLACE OF DEATH a. COUNTY <i>Ripley.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri.</i> b. COUNTY <i>Ripley.</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Doniphan Township</i>		c. CITY OR TOWN <i>Doniphan, Route 1.</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3 mi. E. of Doniphan, Mo.</i>		d. STREET ADDRESS (If outside, give location) <i>3 mi. E. of Doniphan, Missouri</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Laura Ann Drowns.</i>		4. DATE OF DEATH Month Day Year <i>March 13 1958.</i>	
5. SEX <i>Female.</i>	6. COLOR OR RACE <i>White.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 1, 1881.</i>
9. AGE (In years last birthday) <i>76.</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework.</i>	11. BIRTHPLACE (City and state or country) <i>Graves Co., Kentucky.</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>		13a. FATHER'S NAME <i>William J. McGuire.</i>	
13b. MOTHER'S MAIDEN NAME <i>Margaret Warren.</i>		14. NAME OF HUSBAND OR WIFE <i>Robert A. Drowns.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>None.</i>	
17. INFORMANT <i>Wilson Drowns.</i>		Address <i>Wilson Ill.</i>	
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>Cerebral Vascular Accident.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hypertension.</i> DUE TO (c) <i>Atherosclerosis.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 yr.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Congestive Heart Failure - Compensated.</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>3-1-58</i> to <i>3-13-58</i> and last saw her alive on <i>3-13-58</i> Death occurred at <i>6:15 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>William Bennett, D.O.</i>		22b. ADDRESS <i>Doniphan, Mo.</i>	
22c. DATE SIGNED <i>3-15-58.</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>March 17, 1958.</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Center Hill Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Ripley County, Missouri.</i>	
24. FUNERAL DIRECTOR <i>Ray Measat.</i>		25. DATE RECD. BY LOCAL REG. <i>3-15-1958</i>	
26. REGISTRAR'S SIGNATURE <i>W. J. Bennett</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Ray Means*

Licensed Embalmer No. *3743*

P. O. Address *Doniphan,*

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.