Health, Welfare Public Service

300
1-57

8

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-018989
STATE FILE NUMBER

FILED JUN 12 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY: Marion	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Inside Limits: Yes [X] No [ ]	c. CITY OR TOWN: Hannibal 6644 0 — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Levering Hospital — Length of stay in 1b: 5/20/58	d. STREET ADDRESS (If outside, give location): 208 North Fifth — Reside on Farm: Yes [ ] No [X]

6

3. NAME OF DECEASED (Type or print)	First: JULIA	Middle: SCOTT	Last: DRESCHER	4. DATE OF DEATH: Month May Day 31 Year 1958
5. SEX: Female 1	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]	8. DATE OF BIRTH: May 16, ~~1958~~ 1872	9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months, Days 15 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Paris Missouri 0	12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME: John Scott	13b. MOTHER'S MAIDEN NAME: No record	14. NAME OF HUSBAND OR WIFE: Arthur B.Drescher(Deceased		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.	17. INFORMANT: A.B.Drescher Jr. — Address: Hannibal Missouri		

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 8 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): 60% burn of the body — 10 days

DUE TO (c):

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 [ ] 0

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

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

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

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

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

20f. CITY, TOWN, OR LOCATION 064 COUNTY STATE

21. I attended the deceased from 20 May 1958, to 31 May 1958 and last saw her/him alive on 30 May 1958. Death occurred at 12:35 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wyeth Hamlin MD 0	22b. ADDRESS: Hannibal Mo.	22c. DATE SIGNED: 6/3/58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 6/2/1958	23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
23d. LOCATION (City, town, or county) (State): Hannibal Missouri		
24. FUNERAL DIRECTOR: W.Crawford Smith — ADDRESS: Hannibal Missouri	25. DATE RECD. BY LOCAL REG.: 6-7-58	26. REGISTRAR'S SIGNATURE: Dr E.M. Lucke By W.C. Fisher

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

8 0

RECEIVED JUN 1 1 1958
MARION CO. HEALTH DEPT.
DATE FILED JUN 1 1 1958

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 John S. Hand

Licensed Embalmer No. 4540

P. O. Address Hannibal, Missou

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.