

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006613

STATE FILE NUMBER

FILED FEB 24 1959

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 74

300
-57

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WAMONTE		c. CITY OR TOWN WAMONTE ⁰⁹⁰⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 2 1/2 MILE N.E.	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES CHESTER DRAKE		4. DATE OF DEATH Month Day Year 2 19 - 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-20-1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER-		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) WAMONTE Mo
10c. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JAMES DRAKE	
13b. MOTHER'S MAIDEN NAME TALITHA DEHAVEN		14. NAME OF HUSBAND OR WIFE VELMA NOLAND DRAKE	
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. 499-42-8879	17. INFORMANT Address Mrs Velma Drake - La Monte 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) Carcinoma of Prostate			INTERVAL BETWEEN ONSET AND DEATH 2 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - DUE TO (c) -			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease			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. INJURY OCCURRED WHILE AT <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 Jan 59 to Feb 19 1959 and last saw ^{him} alive on Feb 19 1959 Death occurred at 9 05 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) David R. Edwards M.D.		22b. ADDRESS Leadalia Mo	
22c. DATE SIGNED Feb 19 '59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-21-59	23c. NAME OF CEMETERY OR CREMATORY WAMONTE CEMETERY	23d. LOCATION (City, town, or county) (State) WAMONTE Mo
24. FUNERAL DIRECTOR ADDRESS Paul M. Moore - La Monte Mo		25. DATE RECD. BY LOCAL REG. 3-21-1959	26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

MAR 20 1959

MS MAR 25 1960

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 *Paul M. Moore*

Licensed Embalmer No. *3923*

P. O. Address *La Monte 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.